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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088 Santa Fe, New Mexico 87504-2088 RECEIVEForm C-104
Revised 1-1-89
See Instructions
FEB 2 5 19 Bottom of Page

O. C. D.

DISTRICT III		
<u>DISTRICT III</u> 1000 Rio Brazos	Rd., Aztec, N	M 87410

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

1							UTHORI URAL G				
I. Operator	- [: [MOLI	JAI OIL	- AND	NAI	UNAL G	AS Well	API No.		
Pogo Producing	Company		7 FNI	Ti.	·					-015-268	328
Address P.O. Box 10340,	Midlar	ıd. Tex	kas	19/102-7	7340						
Reason(s) for Filing (Check proper box)	.,,,	,			T	Other	(Please expl	ain)			
New Well		Change in	Transpo	nter of:				CASIN	GHEAD G	AS MUS	NOT BE
Recompletion	Oil	EX)	Dry Ga					FLARED	AFTER	5/1/	62
Change in Operator	Casinghead	d Gas 🔲	Conden	sale 🗌				1100 439	AN EXC	EDTION	-1
If change of operator give name and address of previous operator				_				THE B	M. 15 C	BTAINE	FROM
II. DESCRIPTION OF WELL	ANDIE	CE	1	7		5				DIMINEL	,
Lease Name	AND LEA	Well No.	Pool Na	ime, Includi	ing Forma	Lion		Kind	of Lease		ease No.
Federal 1	<u></u>	2	li∨	ings toı	1 Ride	je , [Delawar	e State	, Federal or Fe	NM-1	12845
Location J	23	310	East Ea	om The	outh	Line a	198	0	eet From The	East	Line
Unit Letter	- :	4 1.							eet From The		
Section 1 Township	p 22 Sc	outh	Range	31 Eas	<u>st</u>	, NMI	PM, Edd	У			County
III. DESIGNATION OF TRAN	SPORTE			D NATU	RAL G	AS					
Name of Authorized Transporter of Oil		or Conden	sale						<i>d copy of this f</i> n , Texas		ent)
Enron Oil Trading Name of Authorized Transporter of Casing	obead Gas	[_X]	or Dry	Gas 🗀	1				d copy of this f		ent)
Texaco, Inc.				· [_]					New Mex		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp. 22S	1 Rge.	is gas ac	tually o	connected?	Whe	n 7 /O-Fed.	Richt-o d	F-Wav-
If this production is commingled with that i	J		L		ing order		Jus		2-8		na _y
IV. COMPLETION DATA	nom any our	ci icase Oi	poor, giv	e community	ing Order	namoci				1	
		Oil Well	1	as Well	New V	Vell	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Designate Type of Completion	- (X)	j X	İ		X	Ì		İ	İ	<u> </u>	
Date Spudded	Date Comp				Total De	pth	8530'		P.B.T.D.	8485'	
Jan. 10, 1992 Elevations (DF, RKB, RT, GR, etc.)	Name of Pr	. 5, 19			Top Oil	Gas Pa			Tubing Dep		
3584.7 GR		are, Bi		Cyn.			, 7080'		1 doing Dep	7127'	
Perforations 7080' - 7097'	2 sp1	f, 34	hole	 S	I		A - 18161		Depth Casin	g Shoe 8530 '	
	Т	UBING.	CASIN	NG AND	CEME	NTIN	G RECOR	D			
HOLE SIZE		SING & TL			1		EPTH SET			SACKS CEM	ENT
17-1/2"		-3/8"		1#			828'		1025-	Circ 350) sx
11"	8-	-5/3"	3	2#			43031		1625-	Circ 250) sx
7-7/8"	5.	-1/2"	15.5	# & 17	#	{	8530'		1375	sx-TOC 2	2180 CBL
		-7/8"					7127'	EOT			
V. TEST DATA AND REQUES											
OIL WELL (Test must be after re	·		of load o	il and must						for full 24 hou	I 111- 2
Date First New Oil Run To Tank	Date of Tes		100	2	1	-	-	ımp, gas lift,	elc.)	13	191
Feb. 11, 1992	Tubing Pres	eb. 16	, 199	<u> </u>	Casing P	ımp i ı			Choke Size	.rsm	D + BH
24 hrs.	Tuoing Free	ື້ 150	psi		Casing i	50				/A	<i>y</i> - <i>y</i> - <i>y</i>)
Actual Prod. During Test	Oil - Bbls.				Water - I	Bbls.			Gas- MCF		
· ·		92			1	182		· · · · · · · · · · · · · · · · · · ·	1 1	55	
GAS WELL											
Actual Prod. Test - MCF/D	Length of 1	est	-		Bbls. Co	ndensa	ie/MMCF		Gravity of C	ondensate	
Testing Method (pitot, back pr.)	Tubing Pres	ssure (Shut	-in)		Casing F	ressure	(Shut-in)		Choke Size		
VI. OPERATOR CERTIFIC	ATE OF	СОМР	IJAN	CE	1						
I hereby certify that the rules and regula						O	IL CON	ISERV	ATION	DIVISIO	NC
Division have been complied with and that the information given above				TT n a n 4000							
is true and comprise to the best of my knowledge and belief.			Date ApprovedFEB 2 8 199?								
Kirlad L	In sel.	A					• •		בוראובה הי	,	
Signature Signature			By ORIGINAL SIGNED BY MIKE WILLIAMS								
<u> </u>	it Di	<u>iv. Ope</u>		upt.					IR, DISTRI	CT II	
Printed Name Feb. 20, 1992	((915)682	Tide 2-682	2	Ti	itle_					
Date			phone N		ll .						

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.