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Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

O. C. D. GRIA OSFICE

1901

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

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

DISTRICT III 1000 Rio Brizos Rd., Aziec, NM 87410

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION

<u>. </u>		TOTA	ANS	PORT O	IL AND N	ATUR	AL G						
Operator Pogo Producing Company						Weil				API No. 30-015-26859			
Address	iig comp	Jany						l	20-012	-20859			
P.O Box 1034	0, Mid1	land,	Texa	s 7970	2-7340								
Reason(s) for Filing (Check proper box)		_	_	_	o	ther (Ple	ase expl	lain)	AD 9/3				
New Well LXJ Recompletion	Oil	Change :	-	sporter of:			٠						
Change in Operator	Casinghe	ad Gas	」Dry Con	densate			1 4.		·	126 52	. ,		
f change of operator give name							,	• • •					
nd address of previous operator										<u> </u>			
I. DESCRIPTION OF WELL	AND LE		1-										
Lease Name Federal 12		Well No			ding Formation on Ridge		laway	1 -	i of Lease c, Federal or Fe		ease No. 29233		
Location		1] L	TV HIGS C	on Kruge	, De	lawai	<u>e </u>		1 101	23233		
Unit LetterE	. 19	980	_ Feet	From The	North L	ne and _	330)	Feet From The	West	Line		
12	220		_	211	-								
Section 12 Townshi	p 22S	· · · · · · · · · · · · · · · · · · ·	Ran	ge 31	<u> </u>	MPM,	<u></u>	ddy			County		
II. DESIGNATION OF TRAN	SPORTE	ER OF C	IL A	ND NATI	JRAL GAS	;							
Name of Authorized Transporter of Oil	IX 🗆	€ Och de		ray Cor	Address (G	ive addr	ess to w	hich approve	d copy of this		ent)		
Enron Util Trading Effective I-I-93					P.O. Box 1188, Houston, Texas 77252								
Name of Authorized Transporter of Casinghead Gas						Address (Give address to which approved copy of this form is to be sent) P.O. Box 730, Hobbs, New Mexico 88240							
f well produces oil or liquids,	Unit Sec. Twp.								en ?				
ve location of tanks.	E	12	22		l N			j Wa	iting on	Pipelin	e Right-c		
this production is commingled with that i	from any oth	er lease or	pool, (give comming	gling order nun	nber:							
V. COMPLETION DATA	· · · · · · · · · · · · · · · · · · ·	Oil Wel	1	Gas Well	New Well	Word	Over	Deepen	Dhua Back	Same Res'v	Diff Res'v		
Designate Type of Completion	- (X)	X	i i	GES WELL	X	1 40	LOVEI	Deepen	i Ling Dack	Same Res v			
Date Spudded //-8-9/	Date Com	pl. Ready t			Total Depth			1	P.B.T.D.	4	~ 		
1 2-06-91	12-06-91				8450 ¹ Top Oil/Gas Pay				8411'				
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation 3558.7 GR Delaware				on	7025'				Tubing Dep	Tubing Depth			
eriocations					<u> </u>	7025			6962 Depth Casing Shoe				
V) (7025'-7063'									•	8450'			
V: 00					CEMENT	NG R	ECOR	D					
HOLE SIZE	CASING & TUBING SIZE 13-3/8" 54.5#				DEPTH SET				 -	SACKS CEMENT			
0 /V 11"	3-3 3-5		<u>54.5</u> 32#	8 24#	814 4265					rc 175 rc 350			
7-7/8"	5-1			5# & 17#							ol @ 6208		
		•			0100				T(C 2030'	J1_@_UZUI		
. TEST DATA AND REQUES IL WELL (Test must be after re											- Indiana		
IL WELL (Test must be after re ate First New Oil Run To Tank	Date of Tes		oj load	oil and mus						for full 24 how	rs.)		
12-06-91	12-13-91				Producing Method (Flow, pump, gas lift, etc.) Flowing								
ength of Test	Tubing Pres				Casing Press				Choke Size				
24 hrs.	Oil - Bbls.	11	0		Vater - Bbls				28/6 Gas- MCF	54			
	Oil - Bois.	11	9		91	•			128	GOR 6	13/1		
GAS WELL					<u></u>	· · · · ·		· · · · · · · · · · · · · · · · · · ·	1 120	doit o	73/1		
ctual Prod. Test - MCF/D	Length of 1	Test			Bbls. Conder	isate/MI	ICF		Gravity of C	ondensate	· · · · · · · · · · · · · · · · · · ·		
sting Method (pitot, back pr.)	Tubing Pres	ssure (Shut	-in)		Casing Press	ure (Shu	t-in)		Choke Size				
I OPERATOR CERTIFIC	ATTE OF	G01 45			<u>ا</u> ر								
I. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation					\parallel	א ווכ	CON	SERV	ATION I	סוצועוכ	M		
Division have been complied with and that the information given above						·- ·		OLIT	,,,,	2141010	114		
is true and complete to the best of my knowledge and belief.					Date Approved								
Supplied of	1111	H				- PP		-					
Signature Dischard	- Lugar	· -			By_		ORIG	INAL SI	GNED BY				
Richard L. Wright Div. Oper. Supt.					MIKE WILLIAMS								
Printed Name December, 18, 1991 (915)682-6822					Title SUPERVISOR, DISTRICT II								

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

Date

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.