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

DISTRICT II  
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DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico  
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

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O. C. D.  
ARTESIA OFFICE

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

CISF  
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OP

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Pogo Producing Company ✓	Well API No. 30-015-26877
Address P.O. Box 10340, Midland, Texas 79702-7340	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of operator give name and address of previous operator \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

*Lost Tank*

Lease Name State 2	Well No. 3	Pool Name, Including Formation <i>Undesignated</i> Delaware	Kind of Lease State, Federal or Fee	Lease No. LH-1523
Location Unit Letter <u>I</u> : <u>2310</u> Feet From The <u>South</u> Line and <u>330</u> Feet From The <u>East</u> Line Section <u>2</u> Township <u>22 South</u> Range <u>31 East</u> , NMPM, <u>Eddy</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Enron Oil Trading	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1188, Houston, Texas 77252			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Texaco, Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 730, Hobbs, New Mexico 88240			
If well produces oil or liquids, give location of tanks.	Unit I	Sec. 2	Twp. 22S	Rge. 31E
Is gas actually connected?		When ? <i>Waiting on Right of Way</i>		
<i>No</i>		<i>Approval for Pipeline by DLM</i>		

If this production is commingled with that from any other lease or pool, give commingling order number: 2-8-92

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 11-27-91	Date Compl. Ready to Prod. 01-03-92	Total Depth 8415'	P.B.T.D. 8367' <i>Post ID-2 3-6-92 camp &amp; BH</i>					
Elevations (DF, RKB, RT, GR, etc.) 3545.3' GR	Name of Producing Formation Delaware, Brushy Canyon	Top Oil/Gas Pay 8223'	Tubing Depth 8310'					
Perforations 8223'-8277'			Depth Casing Shoe 8415'					

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8"	808'	1100 sx, Circ 250 sx
12-1/4"	8-5/3"	4235'	2650 sx, Circ 350 sx
7-7/8"	5-1/2"	8415'	1st Stg-630 sx, Circ 100 sx
	2-7/3" tbg.	8310'	2nd Stg-1060 sx, Did not Circ

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank 01-07-92	Date of Test 01-10-92	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure 100	Casing Pressure 50	Choke Size
Actual Prod. During Test 334	Oil - Bbls. 68	Water - Bbls. 266	Gas- MCF 96 GOR 1412/1

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

*Richard L. Wright*  
Signature  
Richard L. Wright Div. Oper. Supt.  
Printed Name  
Jan. 14, 1992 (915)682-6822  
Date Telephone No.

OIL CONSERVATION DIVISION

FEB 28 1992

Date Approved

By ORIGINAL SIGNED BY  
MIKE WILLIAMS  
SUPERVISOR, DISTRICT II

Title

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.