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State of New Mexico
Energy, Minerals and Natural Resources Department

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

RECEIVED
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O. C. D.
SPECIAL OFFICE
Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page
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REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Pogo Producing Company	Well API No. 30-015-26917
Address P.O. Box 10340, Midland, TX 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	

CONFIDENTIAL

II. DESCRIPTION OF WELL AND LEASE

Lease Name Federal "12"	Well No. 6	Pool Name, Including Formation Livingston Ridge, Delaware	Kind of Lease State, Federal or Fee	Lease No. NM-29233
Location Unit Letter <u>K</u> : <u>2310'</u> Feet From The <u>South</u> Line and <u>1650'</u> Feet From The <u>West</u> Line Section <u>12</u> Township <u>22S</u> Range <u>31E</u> , <u>NMPM</u> , <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 & Transportation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1188, Houston, TX 77252					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Texaco, Inc. -Hobbs	Address (Give address to which approved copy of this form is to be sent) P.O. Box 730, Hobbs, NM 88240					
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 12	Twp. 22S	Rge. 31E	Is gas actually connected? Yes	When? 4-15-92

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

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 3-2-92	Date Compl. Ready to Prod. 4-1-92		Total Depth 8525'		P.B.T.D. 8485'			
Elevations (DF, RKB, RT, GR, etc.) 3590.9 GR	Name of Producing Formation Delaware		Top Oil/Gas Pay 7052'		Tubing Depth 6990'			
Perforations 7052-7096'					Depth Casing Shoe 8525'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13 3/8"		818'		1000 sks-circ 200 sks			
11"	8 5/8"		4310'		1700 sks-circ 250 sks			
7 7/8"	5 1/2"		8525'		1375 sks-TOC 2200' FS			
	2 7/8"		6990'					

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 4-2-92	Date of Test 4-16-92	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs	Tubing Pressure N/A	Casing Pressure 40 Psig	Choke Size None
Actual Prod. During Test	Oil - Bbls. 138	Water - Bbls. 57	Gas- MCF 127

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.

Signature
Richard L. Wright, Div. Oper. Supt.

Printed Name
4-21-92

Date
915-682-6822

Title
Telephone No.

OIL CONSERVATION DIVISION

Date Approved
APR 23 1992

By
ORIGINAL SIGNED BY
MIKE WILLIAMS

Title
SUPERVISOR, DISTRICT II

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.