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State of New Mexico Energy, Minerals and Natural Resources Department

RECEIVED

OIL CONSERVATION DIVISION P.O. Box 2088

007 28 1992

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

Santa Fe, New Mexico 87504-2088

O. C. D.

1000 Rio Brazos Rd., Aztec, NM 87410	REQUEST FO	OR ALLOWAE	RI F AND	AUTHORIZA		and a second			
I.		INSPORT OIL							
Operator					Well A	Well API No.			
Pogo Producing Company /					30	30-015-27131			
P.O. Box 10340,	Midland. Te	xas 79702-	7340						
Reason(s) for Filing (Check proper box)	, marana, re	X43 7370L		er (Please explain,			CONTRACTOR DESCRIPTION	3	
New Well	Change in Transporter of:					I'NNEIDENTIAL 🖁 🔠			
Recompletion	Oil Dry Gas					CONFIDENTIAL			
Change in Operator Casinghead Gas Condensate				have until the					
If change of operator give name and address of previous operator								·	
II. DESCRIPTION OF WELL	AND LEASE						T		
Lease Name	Well No.				of Lease No. Federal or Fee NM-40659				
Pure Gold "D" Federal	<u> </u>	Salid Dulle	S WEST,	Delaware			<u> </u>		
Location Unit Letter	:330	Feet From The	outh Lin	e and330	Fee	et From The	West	Line	
Section 28 Township	, 23 South	Range 31 E	ast ,N	м рм, Eddy				County	
III. DESIGNATION OF TRAN	 		RAL GAS						
Name of Authorized Transporter of Oil (XX) or Condensate Enron Oil Trading & Transportation			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 Casing El Paso Natural Gas	Authorized Transporter of Casinghead Gas XX or Dry Gas Paso Natural Gas			ne address to which Box 1492,		copy of this form is to be sent) O, Texas 79978			
If well produces oil or liquids, give location of tanks.	Unit Sec.	Twp. Rge. 235 31E	is gas actually connected? When						
If this production is commingled with that f	∤ -	k	ing order num	ber:					
IV. COMPLETION DATA	·								
Designate Type of Completion -	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back Si	ime Res'v Di	ff Res'v	
Date Spudded	Date Compl. Ready to	Dend	Total Depth	lL		P.B.T.D.	0.9	+ TD-2	
10-05-92	10-23-		l toma Depar	8130'		808	A' 11-	1-90	
Elevations (DF, RKB, RT, GR, etc.)				Top Oil/Gas Pay			Tubing Depth camp & D		
3361.8 GR Del			7856'-7914'			778	6'	<i>/</i>	
Perforations						Depth Casing Shoe			
7856'-7914'						813	0.		
		CASING AND	CEMENTI				OVO OFWENT		
HOLE SIZE 17-1/2"		CASING & TUBING SIZE		DEPTH SET 572 '		SACKS CEMENT 700 SX-circ 210 SX			
11"	<u></u>	13-3/8"		4040'		1400 sx-circ 212 sx			
7-7/8"	8-5/8" 5-1/2"		8130'			1493 sx-circ 96 sx			
7-778	3-1/2		0130		· · · · ·	1130 37 6116 30 37			
V. TEST DATA AND REQUES	T FOR ALLOW	ABLE	1			L			
	ecovery of total volume		be equal to o	exceed top allow	able for this	depth or be for	full 24 hours.)		
Date First New Oil Run To Tank	Date of Test		Producing M	lethod (Flow, pum	p, gas lift, e	(c.)			
10-24-92	10-27-92		Flowing						
Length of Test	Tubing Pressure		Casing Pressure			Choke Size			
24 hours	760			130		18/64			
Actual Prod. During Test	Oil - Bbls. 415		Water - Bbls. 66			Gas- MCF 413			
<u></u>	4,	. J	<u> </u>				13		
GAS WELL						10-10-10-			
Actual Prod. Test - MCF/D	Length of Test		Bbls. Condensate/MMCF			Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)			Choke Size			
VI ODED ATOD CEDTERO	ATE OF COL	OL LANCE	١			L			
VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation				OIL CONS	SERV	ATION D	IVISION	,	
Division have been complied with and			H		-				
is true and complete to the best of my knowledge and belief.			Date Approved 00T 2 8 1992						
.D:1. 1	F.1. 11	•		- ·				: — —	
Willand a	Muff		By_	ORIGIN	JAL SIG!	VED BY			
Signature Richard L. Wri	ght Div. Or	oer. Mgr.	-, -	MIKE V	VILLIAM	S			
Printed Name October 27, 19		Title 32-6822	Title	SUPER	VISOR, I	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.

Telephone No.

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.