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

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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

RECEIVED

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

OCT 28 1992

O. C. D.

ARTESIA

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Pogo Producing Company	Well API No. 30-015-27131
Address P.O. Box 10340, Midland, Texas 79702-7340	
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> <input type="checkbox"/> Other (Please explain) Recompletion <input type="checkbox"/> Change in Transporter of: Change in Operator <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator	

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II. DESCRIPTION OF WELL AND LEASE

Lease Name Pure Gbld. "D" Federal	Well No. 4	Pool Name, including Formation Sand Dunes West, Delaware	Kind of Lease State, Federal or Fee	Lease No. NM-40659
Location Unit Letter M : 330 Feet From The South Line and 330 Feet From The West Line Section 28 Township 23 South Range 31 East, NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Enron Oil Trading & Transportation	Name of Authorized Transporter of Casinghead Gas El Paso Natural Gas	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1188, Houston, Texas 77252	
If well produces oil or liquids, give location of tanks.		Unit E	Sec. 28
Twp. 23S		Rge. 31E	Is gas actually connected? Yes
When? 10-26-92			

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 X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 10-05-92	Date Compl. Ready to Prod. 10-23-92	Total Depth 8130'	P.B.T.D. 8084'					
Elevations (DF, RKB, RT, GR, etc.) 3361.8 GR	Name of Producing Formation Delaware	Top Oil/Gas Pay 7856'-7914'	Tubing Depth 7786'					
Perforations 7856'-7914'	Depth Casing Shoe 8130'							

TUBING, CASING AND CEMENTING RECORD			
HOLE SIZE 17-1/2"	CASING & TUBING SIZE 13-3/8"	DEPTH SET 572'	SACKS CEMENT 700 sx-circ 210 sx
11"	8-5/8"	4040'	1400 sx-circ 212 sx
7-7/8"	5-1/2"	8130'	1493 sx-circ 96 sx

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 10-24-92	Date of Test 10-27-92	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hours	Tubing Pressure 760	Casing Pressure 1130	Choke Size 18/64
Actual Prod. During Test	Oil - Bbls. 415	Water - Bbls. 66	Gas - MCF 413

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
Printed Name
Richard L. Wright
Date
October 27, 1992
Telephone No.
(915)682-6822

MARI ANDRUS

DATE 11-13-92

OIL CONSERVATION DIVISION

Date Approved OCT 28 1992

By
ORIGINAL SIGNED BY
MIKE WILLIAMS
SUPERVISOR, DISTRICT II

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

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