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Appropriate District Office
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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

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

MAR 10 1994

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Pogo Producing Company		Well API No. 30-015-27217
Address P. O. Box 10340, Midland, TX 79702-7340		
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Other (Please explain) <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator <input type="checkbox"/>		
Change in Transporter of: Oil <input checked="" 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 Gold "D"	Well No. 6	Pool Name, Including Formation Sand Dunes Delaware	Kind of Lease State, Federal or Fee	Lease No. NM-40659
Location Unit Letter F : 1980 Feet From The North Line and 1650 Feet From The West Line Section 28 Township 23S Range 31E, NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil EOTT Energy Corp.	<input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	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 Llano, Inc.	<input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 921 Sanger, Hobbs, NM 88240-4917
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 28
	Twp. 23S	Rge. 31E
	Is gas actually connected? Yes	
	When?	

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 1/24/94	Date Compl. Ready to Prod. 2/16/94	Total Depth 8110'	P.B.T.D. 8067'					
Elevations (DF, RKB, RT, GR, etc.) 3352.5'	Name of Producing Formation Brushy Canyon	Top Oil/Gas Pay 7872'	Tubing Depth					
Perforations 7872'-7972'	Depth Casing Shoe 8110'							
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17-1/2	13-3/8	560	725 sx - circ 160 sx					
11	8-5/8	4045	1600 sx - circ 250 sx					
7-7/8	5-1/2	8110	1515 sx - circ 110 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 2/17/94	Date of Test 3/6/94	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs	Tubing Pressure ---	Casing Pressure ---	Choke Size camp + BK
Actual Prod. During Test	Oil - Bbls. 270	Water - Bbls. 242	Gas - MCF 543

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
Barrett L. Smith, Senior Operations Engineer
Printed Name
March 9, 1994
Date
(15)682-6822
Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAR 18 1994

By
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.