Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

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

OIL CONSERVATION DIVISION

P.O. Box 2088 Santa Fe, New Mexico 87504-2088 APR 1 9 1993

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 8741	10 REQUEST FOR ALLOW	ABLE AND AUTHORIZA	TION C. C.	
		OIL AND NATURAL GAS		
Operator Pogo Producing Comp	any		Well API No. 30-015-27269	
Address P O Rox 10340 Mi	dland, Texas 79702-7340			
Reason(s) for Filing (Check proper box		Other (Please explain)	·	
New Well	Change in Transporter of:	Odici (i ieme expain)		
Recompletion			CONFIDENTIAL	
Change in Operator	Casinghead Gas Condensate	3	00111.12	
f change of operator give name and address of previous operator				
I. DESCRIPTION OF WEL				
Lease Name Ca]-Mon	Well No. Pool Name, In 10 Ingle We		Kind of Lease State, Federal or Fee NM_19199	
Location	10 Ingle w	ells Delaware	State, Federal or Fee NM-19199	
_	: 330 Feet From The	North Line and 660	Feet From The East Line	
Section 35 Town	nship 23-S Range 31-	E , NMPM, Ec	ldy County	
II. DESIGNATION OF TR	ANSPORTER OF OIL AND NA	TURAL CAS		
II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil FOUT Energy Corp. Address (Give address to which approve the property of the pr			approved copy of this form is to be sent)	
LOTT LITER Gy COTP.	⊏ ∏9CUVE 4-1-94	P. O. Box 1188, F	louston, Texas 77252	
Name of Authorized Transporter of Ca	asinghead Gas X or Dry Gas	Address (Give address to which	approved copy of this form is to be sent)	
Llano, Inc.			New Mexico 88240	
If well produces oil or liquids, ive location of tanks.		Rge. is gas actually connected?	When ?	
	F 35 23S 3	IEI Yes	3/24/92	
V. COMPLETION DATA	man from any other lease or pool, give comm	ningling order number:		
	Oil Well Gas We	New Well Workover	Deepen Plug Back Same Res'v Diff Res'v	
Designate Type of Completic	on - (X) X	X X	I riog mace Danie Mes A Pull Mes A	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
3/02/93	3/24/93	8,420'	8,374' Part TD-2	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth 4-30-93	
3,469.4 GR	Delaware	8,174'	8,130' como 4 Bld	
8,174'-8,224' (2 J	UDE 100 Holos)		Depth Casing Shoe	
0,174 -0,224 (2 0				
HOLE SIZE		ND CEMENTING RECORD		
17-1/2"	CASING & TUBING SIZE	DEPTH SET 818'	SACKS CEMENT	
11"	8-5/8"		950 SX - CIRC 50 SX	
7-7/8"	5-1/2"	4,305'	1850 SX - CIRC 200 SX	
7-778	3-1/2	8,420'	1645 SX - CIRC 43 SX	
. TEST DATA AND REQU	EST FOR ALLOWABLE			
IL WELL (Test must be after	er recovery of total volume of load oil and t	nust be equal to or exceed top allowal	ble for this depth or be for full 24 hours.)	
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump,	gas lift, etc.)	
4/03/93	4/11/93	Pump		
ength of Test 24 Hours	Tubing Pressure	Casing Pressure	Choke Size	
Actual Prod. During Test	45 PSI	45 PSI	C. MCP	
ternal Front During Test	Oil - Bbls. 30	Water - Bbls.	Gas- MCF	
		43	40	
GAS WELL Actual Prod. Test - MCF/D	I anoth of Total	Initia		
wind that test . MICIAD	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
, ,	,		Circus Size	
VI. OPERATOR CERTIE	ICATE OF COMPLIANCE			
VI. OPERATOR CERTIFICATE OF COMPLIANCE 1 hereby certify that the rules and regulations of the Oil Conservation		OIL CONS	OIL CONSERVATION DIVISION	
Division have been complied with and that the information given above				
is true and complete to the best of r	ny knowledge and belief.	Date Approved	APR 2 6 1993	
K At V J		Date Whitehed		
Hanvis / Smit		D ORIGI	By ORIGINAL SIGNED BY	
Signature Rannott Smith Senior Operations Engineer		II		
Barrett L. Smith Senior Operations Engineer Printed Name Title		er men	11 Chartenean microsomia	
April 15, 1993	(915) 682-6822	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.

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.