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Appropriate District Office  
DISTRICT I  
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

OIL CONSERVATION DIVISION

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

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AUG 26 1993

G.O.D.

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. 30-015-27549
Address P. O. Box 10340, Midland, TX 79702	
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 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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Calmon	Well No. 20	Pool Name, Including Formation Ingle Wells Delaware	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter G : 2310 Feet From The North Line and 1980 Feet From The East Line Section 35 Township 23S Range 31E, NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate EOTT	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 or Dry Gas LLANO	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 35	Sec. 23S	Twp. 31E	Rge. 31E	Is gas actually connected? yes	When? 8/24/93

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 7/16/93	Date Compl. Ready to Prod. 8/12/93	Total Depth 8390'	P.B.T.D. 8350'					
Elevations (DF, RKB, RT, GR, etc.) 3482.1' GR	Name of Producing Formation Brushy Canyon	Top Oil/Gas Pay 8174'	Tubing Depth 8180'					
Perforations 8174'-8220'			Depth Casing Shoe 8390'					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17 1/2"	13 3/8"	816'	950 sx - circ 200 sx					
11"	8 5/8"	4303'	1800 sx - circ 200 sx					
8 5/8"	5 1/2"	8390'	1665 sx - circ 301 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 8/20/93	Date of Test 8/24/93	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. 154	Water - Bbls. 134	Gas - MCF 180

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 Smith Sr. Oper. Eng.  
Printed Name  
8/25/93 (915) 682-6822  
Date  
Telephone No.

OIL CONSERVATION DIVISION

AUG 27 1993

Date Approved

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.