| Submit 5 Copies Appropriate District Office DISTRICT 1 P.O. Roy 1980 Hobbs Nick 88240    | INISIOH                      | OIL CONSERVATION DIVISIO        |                    |                      |                 |                           | ment                        | Form C-104  RECEIVED Revised 1-1-89 See Instructions at Bottom of Page |                                              |            |  |
|------------------------------------------------------------------------------------------|------------------------------|---------------------------------|--------------------|----------------------|-----------------|---------------------------|-----------------------------|------------------------------------------------------------------------|----------------------------------------------|------------|--|
| DISTRICT III  DISTRICT III  DISTRICT III  DISTRICT III  DOO RIO BRIZO RO, WZEC, NM 87410 | 2 12                         | 9 16 F.U. I                     |                    |                      |                 | OUX 2000                  |                             |                                                                        | APR 3 0 1991                                 |            |  |
| DISTRICT III 8 PIN 1000 Rio Brazog Rd, Water, NM 87410                                   |                              | ·                               |                    | exico 87504-2088     |                 |                           | O. C. D.<br>ARTESIA, OFFICE |                                                                        |                                              |            |  |
| I.                                                                                       | REQ                          |                                 |                    |                      |                 | ID AUTHOF                 |                             |                                                                        | •                                            |            |  |
| Operator                                                                                 | <del></del>                  | 10 IN                           | ANSPO              | JAT OII              | LANDI           | NATURAL (                 |                             | API No.                                                                |                                              |            |  |
| Pogo Producing                                                                           | Compan                       | у √                             |                    |                      |                 |                           | 30                          | 0-015 <b>-</b> 2663                                                    | 38                                           |            |  |
| Address                                                                                  |                              | . 1 =                           |                    | 70700                | 7240            |                           |                             |                                                                        |                                              |            |  |
| P. O. Box 10340  Reason(s) for Filing (Check proper box)                                 | , Midi                       | and, le                         | exas               | 79702-               |                 | Other (Please ex          | plain) Poac                 | roquests                                                               | normi                                        | iccion to  |  |
| New Well                                                                                 |                              | Change i                        | n Transpor         | ter of:              |                 | l apprôxim                |                             |                                                                        |                                              |            |  |
| Recompletion                                                                             | Oil                          | E                               | Dry Gas            |                      |                 | Jnit G, Se                |                             |                                                                        |                                              |            |  |
| Change in Operator                                                                       | Casinghe                     | ad Gas                          | Condens            | ate 🗌                |                 | <u>n faciliti</u>         | ies are p                   | resently                                                               | under                                        | construc-  |  |
| If change of operator give name and address of previous operator                         |                              |                                 |                    |                      | tion            | <u>1.</u>                 | ···                         |                                                                        |                                              |            |  |
| II. DESCRIPTION OF WELL                                                                  | AND LE                       | EASE                            |                    |                      |                 |                           |                             |                                                                        |                                              |            |  |
| Lease Name                                                                               |                              | Well No.   Pool Name, Including |                    |                      |                 |                           |                             |                                                                        | of Lease Lease No.                           |            |  |
| Federal 26                                                                               | <del></del>                  | 2                               | Wild               | cat -                | Cherry          | / Canyon                  | State,                      | Federal or Fee                                                         | <u>  NM-6</u>                                | 52590      |  |
| Location Unit Letter G                                                                   | 1                            | 980                             |                    | N                    | low+h           | 10                        | )00 <u> </u>                |                                                                        | Fac+                                         |            |  |
| Unit Letter                                                                              | _ :1                         | 960                             | _ Feet From        | m The _!             | ior cn          | Line and $\frac{10}{100}$ | 9 <u>80</u> F               | eet From The                                                           | <u>East</u>                                  | Line       |  |
| Section 26 Townshi                                                                       | ip 22                        | <u>-S</u>                       | Range              | 31-E                 | <u> </u>        | , NMPM,                   | Eddy                        |                                                                        |                                              | County     |  |
| THE INPOTONIATION OF THE AN                                                              | ich o nati                   |                                 |                    |                      | <b>D.1.</b> G.  |                           | -                           |                                                                        |                                              |            |  |
| III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil                           |                              | or Conde                        |                    | NATU                 |                 | LS<br>Give address to s   | which approved              | l copy of this for                                                     | m is to be so                                | eni)       |  |
| Enron Oil Trading                                                                        | CY Or Condensate             |                                 |                    |                      | 1               |                           |                             |                                                                        | TX 77252                                     |            |  |
| Name of Authorized Transporter of Casing                                                 | ghead Gas                    | (XX)                            | or Dry G           | ias                  | Address (       | Give address to           | vhich approved              | l copy of this for                                                     |                                              | ent)       |  |
| Texaco Inc.                                                                              | 1                            | 1                               | ·                  |                      |                 | Box 730,                  |                             |                                                                        |                                              |            |  |
| If well produces oil or liquids, give location of tanks.                                 | Unit<br>  A                  | <b>Sec.</b><br>  26             | Twp.   22Si        | <b>Rge.</b><br>  31E |                 | ually connected?          | When                        | 5-17-91                                                                | l                                            |            |  |
| If this production is commingled with that                                               | <del> </del>                 |                                 |                    |                      | <del> </del>    |                           | <u> </u>                    | 3-17-31                                                                |                                              |            |  |
| IV. COMPLETION DATA                                                                      | ,                            |                                 | p-01, <b>g</b> -10 |                      |                 |                           |                             |                                                                        |                                              |            |  |
| Decignate Type of Completion                                                             | (V)                          | Oil Wel                         | l Ga               | s Well               | New W           | ell Workover              | Deepen                      | Plug Back   S                                                          | ame Res'v                                    | Diff Resid |  |
| Designate Type of Completion  Date Spudded                                               |                              | npl. Ready to                   |                    |                      | Total Dep       | (                         | _l                          | I I                                                                    |                                              |            |  |
| 2-21-91                                                                                  | ı                            | ър. <b>кеацу и</b><br>4-81      | o Flou.            |                      | _               | <br>!21                   |                             | P.B.T.D.<br>8366                                                       |                                              |            |  |
| Elevations (DF, RKB, RT, GR, etc.)                                                       | Name of Producing Formation  |                                 |                    |                      | Top Oil/Gas Pay |                           |                             | Tubing Depth                                                           | Tubing Depth                                 |            |  |
| 3533.3 GR                                                                                | .3 GR Delaware, Cherry Canyo |                                 |                    |                      | 6522            | 6522'                     |                             |                                                                        | l                                            |            |  |
| Perforations                                                                             |                              | _                               |                    |                      |                 |                           |                             | Depth Casing                                                           |                                              |            |  |
| 6522-6530' 36 holes                                                                      | <del></del> ,                | TURING                          | CASINI             | G AND                | CEMEN           | TING RECO                 | חס                          | 8412                                                                   |                                              |            |  |
| HOLE SIZE                                                                                |                              | ASING & T                       |                    |                      | CEMEN           | DEPTH SE                  |                             | SA                                                                     | CKS CEM                                      | ENT        |  |
| 17-1/2"                                                                                  |                              | 8" - 5 <sup>4</sup>             |                    |                      | 83              | 30'                       |                             | 1025 sks                                                               |                                              |            |  |
| 11"                                                                                      | 8-5/                         | 8" - 24                         | 4# & 3             |                      | 433             |                           |                             | 1640 sks                                                               | s-circ                                       |            |  |
| 7-7/8"                                                                                   | 5-1/                         |                                 | 5.5# &             | <b>1</b> 7.0#        |                 |                           |                             | 1195 sks                                                               | <u>.                                    </u> |            |  |
| V. TEST DATA AND REQUES                                                                  | 2-7/3                        | 8" tub                          | ing<br>ADIE        |                      | 655             | 521                       |                             | <u></u>                                                                | ·                                            |            |  |
| OIL WELL (Test must be after r                                                           |                              |                                 |                    | and must             | be equal to     | or exceed top a           | llowable for thi            | is depth or be for                                                     | full 24 hou                                  | rs.)       |  |
| Date First New Oil Run To Tank                                                           | Date of To                   |                                 | 3, 10-11-01        |                      |                 | Method (Flow, )           |                             |                                                                        |                                              |            |  |
| 4-11-91                                                                                  | 4-                           | 24-91                           |                    |                      | Pump            |                           |                             |                                                                        |                                              |            |  |
| Length of Test                                                                           | Tubing Pr                    |                                 |                    |                      | Casing Pr       | essure                    |                             | Choke Size                                                             |                                              |            |  |
| 24 hrs. Actual Prod-During Test                                                          | Oil - Bbls                   |                                 |                    |                      | 35<br>Water - B | hls                       |                             | none<br>Gas- MCF                                                       | GOR -                                        | 290/1      |  |
| Actual Floor During Test                                                                 | 13                           |                                 |                    |                      | Į               | 76                        |                             | 44                                                                     | GOR -                                        |            |  |
| CARWELL                                                                                  | 1 13                         | 4                               |                    |                      | I               | <u> </u>                  |                             | 1 44                                                                   | <u> </u>                                     | 30.3       |  |
| GAS WELL Actual Prod. Test - MCF/D                                                       | Length of                    | Test                            |                    |                      | Bbls. Con       | densate/MMCF              |                             | Gravity of Cor                                                         | idensate                                     |            |  |
|                                                                                          |                              | ,                               |                    |                      |                 |                           |                             |                                                                        |                                              |            |  |
| Testing Method (pitot, back pr.)                                                         | Tubing Pr                    | ressure (Shu                    | t-in)              |                      | Casing Pr       | essure (Shut-in)          |                             | Choke Size                                                             |                                              | <u>`</u>   |  |
|                                                                                          | <u> </u>                     |                                 |                    |                      |                 |                           |                             |                                                                        |                                              |            |  |
| VI. OPERATOR CERTIFIC                                                                    | ATE O                        | F COMI                          | PLIAN              | CE                   | }}<br> }        |                           | NCEDV                       | ATION D                                                                | 11/1010                                      | <b>N</b> I |  |
| I hereby certify that the rules and regul                                                |                              |                                 |                    |                      | []              | OIL CO                    |                             |                                                                        |                                              | N          |  |
| Division have been complied with and is true and complete to the best of my.             |                              |                                 | en abovê           |                      | n               | .i.a. A                   | - al                        | APR 3 0                                                                | 1991                                         |            |  |
|                                                                                          | 1/2                          | /                               |                    |                      | Da              | ate Approv                | ea                          | MI II W                                                                |                                              |            |  |
| The Mark Lon                                                                             | 1260                         | 1                               | No. 1              |                      |                 |                           | 1. 1.                       | Lillian                                                                | •                                            | *          |  |
| Signature<br>Richard L. Wright                                                           | Div                          | Oper. S                         | Superv             | isor                 | By              |                           | PA W                        | - our                                                                  | ~~2                                          |            |  |
| Printed Name                                                                             | טוע. (                       | oper.                           | Title              | 1301                 |                 | do 61                     | PERVICO                     | R. DISTRIC                                                             | T II                                         |            |  |
| 4-29-91                                                                                  | (9                           | 15) 682                         | 2-6822             |                      | 11 111          | ile <u>St</u>             | LATISO                      | ,                                                                      |                                              |            |  |
| Date                                                                                     | -                            |                                 | enhone No          |                      | H               |                           |                             |                                                                        |                                              |            |  |

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.