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

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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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Pogo Producing Co.	Well API No. 30-015-26639
Address P.O. Box 10340, Midland, TX 79702	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <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 Neff Federal	Well No. 2	Pool Name, Including Formation Livingston Ridge, Delaware	Kind of Lease State, Federal or Fee	Lease No. NM-25365
Location Unit Letter <u>E</u> : <u>1650</u> Feet From The <u>North</u> Line and <u>330</u> Feet From The <u>West</u> Line Section <u>25</u> Township <u>22 South</u> Range <u>31 East</u> , NMPM, <u>Eddy</u> County				

III. TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Enron Oil Trading	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 Texaco Inc.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 730, Hobbs, NM 88240
If well produces oil or liquids, give location of tanks.	Unit <u>C</u> Sec <u>25</u> Twp <u>22-S</u> Rge <u>31-E</u> Is gas actually connected? <u>Yes</u> When? <u>11-8-91</u>

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 10-07-91	Date Compl. Ready to Prod. 11-02-91	Total Depth 8440	P.B.T.D. 8339					
Elevations (DF, RKB, RT, GR, etc.) 3531 GR	Name of Producing Formation Delaware-Brushy Canyon	Top Oil/Gas Pay 8054	Tubing Depth 8154					
Perforations 8054 - 8108 (103 holes) 2 spf			Depth Casing Shoe 8440					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2	13 3/8" 54.5#		814		1000 sks-circ 520 sks			
11	8 5/8" 24# & 32#		4340		1675 sks-circ 259 sks			
7 7/8	5 1/2" 15.5# & 17#		8440		1385 sks-stg. tool 06204			
	2 7/8"		8145		TOC 3620 CBL			

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 11-05-91	Date of Test 11-12-91	Producing Method (Flow, pump, gas lift, etc.) Pumped	
Length of Test 24 hrs.	Tubing Pressure 350-Back Press Valve	Casing Pressure 35 PSI	Choke Size N/A
Actual Prod. During Test	Oil - Bbls. 88	Water - Bbls. 300	Gas - MCF 30

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 Conservator.
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, Div. Operations Supvr.

Printed Name
11-15-91 Title
915-682-6822

Date
Telephone No.

OIL CONSERVATION DIVISION

DEC 15 1991

Date Approved

By ORIGINAL SIGNED BY

MIKE WILLIAMS
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.