

Submit 5 Copies  
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

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 Company	Well API No.	30-015-27206
Address	P.O. Box 10340, Midland, Texas 79702-7340		
Reason(s) for Filing (Check proper box)	<input checked="" type="checkbox"/> New Well <input type="checkbox"/> Other (Please explain)		
Recompletion	<input type="checkbox"/>	Change in Transporter of:	<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	Cal-Mon	Well No.	9	Pool Name, Including Formation	Ingle Wells, Delaware	Kind of Lease	State, Federal or Fee	Lease No.	NM-19199
Location	Unit Letter B : 330 Feet From The North Line and 2310 Feet From The East Line								
Section	35	Township	23 South	Range	31 East	NMPM,	Eddy	County	

III. DESIGNATION OF 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, Texas 77252				
Name of Authorized Transporter of Casinghead Gas	Llano, Inc.	Address (Give address to which approved copy of this form is to be sent)	921 Sanger, Hobbs, New Mexico 88240-4917				
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 35	Twp. 23S	Rge. 31E	Is gas actually connected?	When?	01/11/93

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	12/06/92	Date Compl. Ready to Prod.	01/07/93	Total Depth	8370'	P.B.T.D.	8322'	
Elevations (DF, RKB, RT, GR, etc.)	3463.3 GR	Name of Producing Formation	Delaware	Top Oil/Gas Pay	8102'	Tubing Depth	8041.5'	
Perforations	8102'-8198' (91' - 192 holes)					Depth Casing Shoe	8370'	
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17-1/2"	13-3/8"	815'	950 sx-Circ 150 sx					
11"	8-5/8"	4270'	1850 sx-Circ 200 sx					
7-7/8"	5-1/2"	8370'	1680 sx-Circ 120 sx					

V. TEST DATA AND REQUEST FOR ALLOWABLE

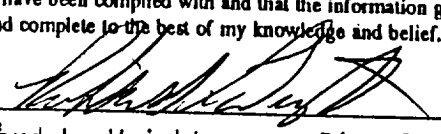
Date First New Oil Run To Tank	1/8/92	Date of Test	1/11/92	Producing Method (Flow, pump, gas lift, etc.)	Flowing		
Length of Test	24 hours	Tubing Pressure	360 PSI	Casing Pressure	900 PSI	Choke Size	24/64"
Actual Prod. During Test		Oil - Bbls.	357	Water - Bbls.	142	Gas - MCF	322

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   
Richard L. Wright Div. Oper. Mgr.  
Printed Name  
January 12, 1993 (915) 682-6822  
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved JAN 13 1993

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.