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

State of New Mexico
 Energy, Minerals and Natural Resources Department APR 27 1994

Form C-104
 Revised 1-1-89
 See Instructions
 at Bottom of Page

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

OIL CONSERVATION DIVISION
 P.O. Box 2088

Santa Fe, New Mexico 87504-2088

CORRECTED COPY

DISTRICT III
 1000 Rio Brizos Rd., Aztec, NM 87410

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
 TO TRANSPORT OIL AND NATURAL GAS**

I. Operator Pogo Producing Company ✓ Well API No. 30-015-27255
 Address P.O. Box 10340, Midland, Texas 79702-7340
 Reason(s) for Filing (Check proper box) Other (Please explain)
 New Well Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Operator Casinghead Gas Condensate
 If change of operator give name and address of previous operator _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Sand Dunes 34 Federal</u>	Well No. <u>1</u>	Pool Name, Including Formation <u>Ingle Wells Delaware</u>	Kind of Lease State, Federal or Fee	Lease No. <u>NM-43744</u>
Location Unit Letter <u>A</u> : <u>660</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>East</u> Line Section <u>34</u> Township <u>23 South</u> Range <u>31 East</u> , <u>NMPM</u> , <u>Eddy</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>EOTT Energy Corp.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 1188, Houston, Texas 77252</u>			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Llano, Inc.</u>	Address (Give address to which approved copy of this form is to be sent) <u>921 Sanger, Hobbs, New Mexico 88240-4917</u>			
If well produces oil or liquids, give location of tanks.	Unit <u>H</u>	Sec. <u>28</u>	Twp. <u>23S</u>	Rge. <u>31E</u>
Is gas actually connected?	When?		<u>1/28/93</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 <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v <input type="checkbox"/>	Diff Res'v <input type="checkbox"/>
Date Spudded <u>12/29/92</u>	Date Compl. Ready to Prod. <u>01/24/93</u>	Total Depth <u>8338'</u>		P.B.T.D. <u>8291'</u>				
Elevations (DF, RKB, RT, GR, etc.) <u>3542.6 GR</u>	Name of Producing Formation <u>Delaware</u>	Top Oil/Gas Pay <u>8114'</u>		Tubing Depth <u>7981'</u>		Depth Casing Shoe <u>8338'</u>		
Perforations <u>8114'-8182'</u>								
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>17-1/2"</u>	<u>13-3/8"</u>		<u>806'</u>		<u>1000 sx-Circ 250 sx</u>			
<u>11"</u>	<u>8-5/8"</u>		<u>4220'</u>		<u>1650 sx-Circ 125 sx</u>			
<u>7-7/8"</u>	<u>5-1/2"</u>		<u>8338'</u>		<u>1485 sx-Circ 15 sx</u>			

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 <u>01/24/93</u>	Date of Test <u>01/28/93</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Flowing</u>	
Length of Test <u>24 hrs.</u>	Tubing Pressure <u>220</u>	Casing Pressure <u>1140</u>	Choke Size <u>26/64"</u>
Actual Prod. During Test	Oil - Bbls. <u>309</u>	Water - Bbls. <u>107</u>	Gas - MCF <u>575</u>

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.

Barrett L. Smith
 Signature
Barrett L. Smith Sr. Oper. Engineer
 Printed Name
April 26, 1994 (915) 682-6822
 Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAY 27 1994
 By _____
 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.