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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

RECEIVED
OCT 22 1993

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. 30-015-27496
Address P. O. Box 10340, Midland, TX 79702-7340	
Reason(s) for Filing (Check proper box) 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	

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II. DESCRIPTION OF WELL AND LEASE

Lease Name Cal-Mon	Well No. 19	Pool Name, Including Formation Under Ingle Wells Delaware	Kind of Lease State, Federal or Fee	Lease No. NM-19199
Location Unit Letter <u>H</u> : 1980 Feet From The <u>North</u> Line and <u>380</u> Feet From The <u>East</u> Line Section <u>35</u> Township <u>23S</u> Range <u>31E</u> , NMPM, <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"/> EOTT Energy Corp.	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 <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> 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 F	Sec. 35
	Twp. 23S	Rge. 31E
	Is gas actually connected? Yes	When? 10-20-93

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 9-22-93	Date Compl. Ready to Prod. 10-14-93		Total Depth 8400'		P.B.T.D. 8355'			
Elevations (DF, RKB, RT, GR, etc.) 3471.3' GR	Name of Producing Formation Brushy Canyon		Top Oil/Gas Pay 8170'		Tubing Depth 8104'			
Perforations 8170'-8225'					Depth Casing Shoe 8400'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 17-1/2	CASING & TUBING SIZE 13-3/8		DEPTH SET 813		SACKS CEMENT 950 sx-circ 250 sx			
11	8-5/8		4300		1800 sx-circ 300 sx			
7-7/8	5-1/2		8400		1705 sx-circ 10 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 10-17-93	Date of Test 10-19-93	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hours	Tubing Pressure 450 psi	Casing Pressure 1100 psi	Choke Size 20/64"
Actual Prod. During Test	Oil - Bbls. 284	Water - Bbls. 281	Gas - MCF 275

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, Senior Operations Engineer
Printed Name
October 21, 1993 (915)682-6822
Date
Telephone No.

OIL CONSERVATION DIVISION

Date Approved OCT 29 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.