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

Location

Unit Letter

28

Township

State of New Mexico KELEIVED Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION 1993

990

Eddy

Line and

, NMPM.

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

East

Feet From The

Line

County

1000 Rio Brazos Rd., Azte	ec. NM 87410								
		REQL	JEST FC	R ALL	.OWABLE	AND AUT	HORIZAT	TION	
I.						ID NATUE			
Operator					0	10 10 1101	17 1L C/ 10	Well API No.	
Pogo P	roducing	Compan	y					1	15-27497
Address								1	
P.O. B	ox 10340	, Midla	nd, Tex	as 7	9702-734	0			
Reason(s) for Filing (Che	ck proper box)				Г	Other (P)	ease explain)		
New Well	(X)		Change in	Fransporte	rof: □	J			\ I
Recompletion		Oil		Dry Gas			COI	VFIDENTIA	₹ L,
Change in Operator		Casinghea	d Gas	Condensa	te 🔲				
If change of operator give and address of previous op	name erator								
II. DESCRIPTION	OF WELL	AND LEA	ASE						
Lease Name			Well No.	Pool Nam	e, Including F	ormation		Kind of Lease	Lease No.
Pure G	old "D"	Federal	16	√ ∙San	d Dunes,	Delawar	е	State, Federal or Fee	NM-40659

III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	-X	or Conden	sale c			e address to wi	hich approve	d copy of this f	form is to be se	ent)
EOTT Energy Corp. E (OTTEnen	ov Oper	atina I		P.O. B	ox 1188,	Housto	n, Texas	77252	•
Name of Authorized Transporter of Casing Llano, Inc.	headEffect	ive 4 1-	gar Dily C	as	Address (Given 921 Sa	e address to who	hich approve bbs . Ne	d copy of this f	form is to be so	
If well produces oil or liquids,	Unit	Sec.	Twp.	Rge.	is gas actuali		Whe		00210	
give location of tanks.	0	28	23\$			es	i	07/27	//93	
If this production is commingled with that in IV. COMPLETION DATA	rom any othe	r lease or p	pool, give	comming	ing order numl	ber:				
Designate Type of Completion	- (X)	Oil Well	G	as Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res
Date Spudded	Date Compl	-			Total Depth	L	<u> </u>	P.B.T.D.	I	
N7 /N2 /Q3	1 07	1/22/01)		I	01691		i	0115	1

31 East

Feet From The South

330

23 South

8115' 1/22/93 Elevations (DF, RKB, RT, GR, etc.) Top Oil/Gas Pay Name of Producing Formation Tubing Depth 3396.41 GR Brushy Canyon 7936' 78901 Depth Casing Shoe 7936'-8002' ' 8162' TUBING, CASING AND CEMENTING RECORD HOLE SIZE **CASING & TUBING SIZE** DEPTH SET SACKS CEMENT 17-1/2" 725 sx-Circ 150 sx 1600 sx-Circ 205 sx 13-3/8" 11" 8-5/8" 4120 7-7/8" 5-1/2" 8162' 1570 sx-Circ 85

TEST DATA AND REQUEST FOR ALLOWABLE

Date First New Oil Run To Tank 07/24/93	Date of Test 07/28/93	Producing Method (Flow, pump, gas lift, etc.) Flowing			
Length of Test 24 hours	Tubing Pressure 690 psi	Casing Pressure 1175 psi	Choke Size 20/64"		
Actual Prod. During Test	Oil - Bbls. 484	Water - Bbis. 103	Gas- MCF 478		

GAS WELL Actual Prod. Test - MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate l'esting Method (pitot, 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 Barre Smith <u>Sr. Oper.</u> Engineer Printed Name July 28 (915)682-6822 1993 Date

OIL CONSERVATION DIVISION

SUPERVISOR, DISTRICT II

ORIGINAL: SIGNED BY By_ MIKE WILLIAMS

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.

Title

- 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.