

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| | |
|-------------------|-----|
| DISTRICT | |
| COUNTY | |
| FILE | |
| U.S.G.S. | |
| LAND OFFICE | |
| TRANSPORTER | OIL |
| | GAS |
| OPERATOR | |
| PRODUCTION OFFICE | |

Operator
Pogo Producing Company

Address
P.O. Box 10340, Midland, Texas 79702

Reason(s) for filing (Check proper box) Other (Please explain)

New Well Change in Transporter of: Dry Gas

Recompletion Oil Condensate

Change in Ownership Casinghead Gas

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|------------------------------|-------------------------|---|--|------------------------------|
| Lease Name NBR | Well No. 2 | Pool Name, including Formation Bootleg Ridge Morrow | Kind of Lease State, Federal or Fee State | Lease No. L-4780 |
| Location | | | | |
| Unit Letter F | 1980 | Feet From The North | Line and 1864 | Feet From The West |
| Line of Section 18 | Township 22-S | Range 33-E | Lea County | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | |
|--|--|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| Western Crude Oil, Inc. | One Williams Center Ste. 1865, Tulsa, OK 74127 |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| Llano, Inc | P.O. Box 1320, Hobbs, New Mexico 88240 |
| If well produces oil or liquids, give location of tanks. | Unit Sec. Twp. Rge. Is gas actually connected? When |
| | F 18 22-S 33-E Yes 11-15-82 |

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 | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v. | Diff. Res'v. |
| | | X | X | | | | | |
| Date Spudded 4-22-82 | Date Compl. Ready to Prod. 8-21-82 | Total Depth 15,300 | P.B.T.D. 14,997 | | | | | |
| Elevations (DF, RKB, RT, GR, etc.) 3630.8GR, 3652.4RKB | Name of Producing Formation Morrow | Top Oil/Gas Pay 14,700 | Tubing Depth 14,600 | | | | | |
| Perforations 14,702-14,705 (3'), 14,708-14,718 (10'), 14,736-14,742 (6') | | Depth Casing Shoe 15,040 | | | | | | |
| 14,762-14,778 (16'), 14,863-14,866 (3'), 14,915-14,923 (8') | | | | | | | | |
| 14,938-14,941 (3') | | | | | | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT | | | | | |
| 17 1/2" | 13 3/8" | 768' | 500 sx circ 350 sx | | | | | |
| 12 1/4" | 10 3/4" | 4,751' | 1650sx, circ 350sx | | | | | |
| 9 1/2" | 7 5/8" | 12,201' | 1st stage:800sx, 2nd stg | | | | | |
| 6 1/2" | 5" liner | Top 11,788', btm 15,040' | 625sx [1200sx] | | | | | |

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL

After recovery of test 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 Tanks | Date of Test | Producing Method (Flow, pump, gas lift, etc.) | |
| | | Casing Pressure | Choke Size |
| Length of Test | Tubing Pressure | Water - bbls. | Gas - MCF |
| Actual Prod. During Test | Oil - bbls. | | |

GAS WELL

| | | | |
|---------------------------------|---------------------------|---------------------------|------------------------------|
| Actual Prod. Test - MCF/D | Length of Test | bbls. Condensate/MCF | Gravity of Condensate |
| 475.8 | 4 hr. | 84.49 | 52.8 |
| Testing Method (flow, back pr.) | Tubing Pressure (shut-in) | Casing Pressure (shut-in) | Choke Size |
| Back pressure | 4360 | 0 | 4 1/2/64 to 10 1/2/64 |

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Bill Dill
(Signature)
Production Superintendent
(Title)
November 12, 1982
(Date)

OIL CONSERVATION COMMISSION
NOV 22 1982

APPROVED _____, 19____

BY **JERRY SEXTON**
ORIGINAL SIGNED BY
TITLE **DISTRICT SUPERVISOR**

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
All portions of this form must be filled out completely for allows able on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of conditions.

RECEIVED

NOV 16 1982

200
HARRIS COUNTY

REQUEST FOR ALLOWABLE
AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED BY

OCT 04 1983

O. C. D.

ARTESIA, OFFICE

| | |
|------------------|-----|
| SANTA FE | |
| FILE | |
| U.S.G.S. | |
| LAND OFFICE | |
| TRANSPORTER | OIL |
| | GAS |
| OPERATOR | |
| PRORATION OFFICE | |

Operator
Pogo Producing Company

Address
P.O. Box 10340 Midland, Texas 79702

Reason(s) for filing (Check proper box)

| | | | |
|---------------------|--------------------------|---------------------------|-------------------------------------|
| New Well | <input type="checkbox"/> | Change in Transporter of: | |
| Recompletion | <input type="checkbox"/> | Oil | <input type="checkbox"/> |
| Change in Ownership | <input type="checkbox"/> | Casinghead Gas | <input type="checkbox"/> |
| | | Dry Gas | <input type="checkbox"/> |
| | | Condensate | <input checked="" type="checkbox"/> |

Other (Please explain)

If change of ownership give name and address of previous owner

| DESCRIPTION OF WELL AND LEASE | | Well No. | Pool Name, Including Formation | Kind of Lease | State | Lease No. |
|-------------------------------|--|----------|--------------------------------|-----------------------|-------------|------------------|
| Lease Name | NBR | 2 | Bootleg Ridge - Morrow | State, Federal or Fee | | L-4780 |
| Location | Unit Letter F : 1980' Feet From The North Line and 1864' Feet From The West | | | | | County |
| Line of Section | 18 | Township | 22-S | Range | 33-E | NMPM, Lea |

| DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS | | | | Address (Give address to which approved copy of this form is to be sent) | |
|--|--------------------------|-------------------------|-------------------------------------|--|----------------------------|
| Name of Authorized Transporter of Oil | <input type="checkbox"/> | or Condensate | <input checked="" type="checkbox"/> | P.O. Box 2248, Andrews, Texas 79714 | |
| Name of Authorized Transporter of Casinghead Gas | <input type="checkbox"/> | or Dry Gas | <input type="checkbox"/> | P.O. Box 1320, Hobbs, New Mexico 88240 | |
| UPG, Inc. | | FOI Energy Corp. | | Effective 1-1-93 | |
| Llano, Inc. | | | | Is gas actually connected? | When |
| If well produces oil or liquids, give location of tanks. | Unit | Sec. | Twp. | Rge. | |
| | F | 18 | 22-S | 33-E | Yes 11/15/82 |

If this production is commingled with that from any other lease or pool, give commingling order number:

| COMPLETION DATA | | | | | | | |
|------------------------------------|-----------------------------|----------|-----------------|----------|-------------------|-----------|-------------|
| Designate Type of Completion - (X) | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Some Res'v. |
| (X) | | | | | | | |
| Date Spudded | Date Compl. Ready to Prod. | | Total Depth | | P.B.T.D. | | |
| Elevations (DF, RKB, RT, CR, etc.) | Name of Producing Formation | | Top Oil/Gas Pay | | Tubing Depth | | |
| Perforations | | | | | Depth Casing Shoe | | |

| TUBING, CASING, AND CEMENTING RECORD | | | | SACKS CEMENT | |
|--------------------------------------|----------------------|-----------|--|--------------|--|
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | | | |
| | | | | | |
| | | | | | |

| TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL | | | |
|--|-----------------|---|------------|
| Date First New Oil Run To Tanks | Date of Test | Producing Method (Flow, pump, gas lift, etc.) | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size |
| Actual Prod. During Test | Oil - Bbls. | Water - Bbls. | Gas - MCF |

| GAS WELL | | Bbls. Condensate/MMCF | | Gravity of Condensate | |
|----------------------------------|---------------------------|---------------------------|--|-----------------------|--|
| Actual Prod. Test - MCF/D | Length of Test | | | | |
| Testing Method (pilot, back pr.) | Tubing Pressure (Shot-in) | Casing Pressure (Shot-in) | | Choke Size | |

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Bill Hill
(Signature)
Production Superintendent
(Title)
Sept. 23, 1983
(Date)

OIL CONSERVATION COMMISSION
OCT 6 1983, 19__

APPROVED _____

BY **ORIGINAL SIGNED BY JERRY SEXTON**
DISTRICT I SUPERVISOR

TITLE _____

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepener well, this form must be accompanied by a tabulation of the deviator tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner well name or number, or transporter, or other such change of conditions.
Separate Forms C-104 must be filed for each pool in multi-