

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

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SEP 2 1981

O. C. D.  
ARTESIA, OFFICEREQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES DESIRED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

Operator Pogo Producing Company /	
Address P.O. Box 10340 Midland, Tx. 79702	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name  
and address of previous owner \_\_\_\_\_

## II. DESCRIPTION OF WELL AND LEASE

Lease Name State	Well No. 1	Pool Name, Including Formation	Kind of Lease State, Federal or Fee State	Lease No. LG-4548
Location Unit Letter <u>M</u> : <u>3300</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>West</u> Line of Section <u>2</u> Township <u>21-S</u> Range <u>28-E</u> , NMPM, <u>Eddy</u> 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) 405 West Indiana, Box 1142, Midland, Tx. 79701					
Western Crude Oil Inc.						
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1320 Hobbs, New Mexico 88240					
Llano Inc.						
If well produces oil or liquids, give location of tanks.	Unit <u>M</u>	Sec. <u>2</u>	Twp. <u>21-S</u>	Rge. <u>28-E</u>	Is gas actually connected? Yes	When 8/21/81

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'tv.	Diff. Res'tv.
		X	X					
Date Spudded 1/20/80	Date Compl. Ready to Prod. 5/14/80	Total Depth 12339	P.B.T.D. 12150					
Elevations (DF, RKB, RT, GR, etc.) 3118.8 GR	Name of Producing Formation Morrow	Top Oil/Gas Pay 11712	Tubing Depth 11520					
Perforations 11712, 13, 14, 15, 11, 908, 09, 66, 67, 68, 12090, 66, 67, 68	TUBING, CASING, AND CEMENTING RECORD							
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17 1/2	13 3/8	513	525					
11	8 5/8	3250	2900					
7 7/8	5 1/2	12348	1600					

## 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)

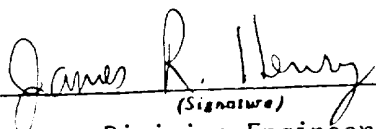
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

## GAS WELL

Actual Prod. Test-MCF/D 337.2	Length of Test 3 1/2 hr	Bbls. Condensate/MMCF 0	Gravity of Condensate
Testing Method (puot, back pr.) back pressure	Tubing Pressure (Shut-in) 2159	Casing Pressure (Shut-in) Packer	Choke Size Variable 5/64- 8/64"

## VI. 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)

Division Engineer

(Title)

September 1, 1981

(Date)

## OIL CONSERVATION DIVISION

SEP 6 1981

APPROVED

BY

TITLE

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepen well, this form must be accompanied by a tabulation of the deviate 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 condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

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AUG 28 1981

O. C. D.  
ARTESIA, OFFICE

NEW MEXICO  
OIL CONSERVATION DIVISION  
P. O. DRAWER DD  
ARTESIA, NEW MEXICO  
88210

Date August 26, 1981

NOTICE OF LLANO'S GAS CONNECTION:

OPERATOR: Pogo Producing Company

LEASE: ~~Pogo~~ State

WELL NUMBER AND UNIT: 1 E (2-21S-28E)

LOCATION: 2-21S-28E

POOL: Sand Point Morrow

DATE WELL CONNECTED: August 21, 1981

DATE OF FIRST GAS SALES: August 21, 1981

LLANO'S STATION NUMBER: 290

LLANO, INC.  
TRANSPORTER

  
REPRESENTATIVE  
AL KLAAR

MANAGER OF PETROLEUM AND  
NATURAL GAS ENGINEERING  
TITLE

xc: Oil Conservation Division, Box 2088, Santa Fe, New Mexico 87501  
xc: To Operator