

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

RECEIVED

SEP 2 1981

O. C. D.
ADMIN. 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, Texas 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 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 NEL Com	Well No. 1	Pool Name, including Formation N. LOVING Culebra Staff (Atoka) Gas	Kind of Lease State, Federal or Fee Federal	Lease No. NM-15433
Location Unit Letter <u>I</u> : <u>660</u> Feet From The <u>East</u> Line and <u>1980</u> Feet From The <u>South</u> Line of Section <u>9</u> Township <u>23-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 type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 405 West Indiana, Box 1142, Midland, Tx. 79702	
Name of Authorized Transporter of Casinghead Gas <input 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	
If well produces oil or liquids, give location of tanks.	Unit <u>I</u>	Sec. <u>9</u>
	Twp. <u>23-S</u>	Rge. <u>28-E</u>
	Is gas actually connected? <u>No</u> <u>Yes</u> When <u>9/1/81</u> <u>9-14-81</u>	

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	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded 11-12-80	Date Compl. Ready to Prod. 3-21-81	Total Depth 12,852'	P.B.T.D. 12,811'					
Elevations (DF, R&B, RT, GR, etc.) 3046.4 GR, 3068 RKB	Name of Producing Formation Atoka	Top Oil/Gas Pay 11,585'	Tubing Depth 11,500'					
Perforations 11585'-11592' (8'-16 holes), 11595'-11605' (11'-22 holes)			Depth Casing Shoe 12,852'					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
20	16	442	510
12 1/4	10 3/4	2700	1700
9 1/2	7 5/8	10220	2220
6 1/2	5 (liner)	9927-12852	400

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 2232	Length of Test 4	Bbls. Condensate/MMCF 0	Gravity of Condensate
Testing Method (prior, back pr.) Back pressure	Tubing Pressure (shut-in) 6530	Casing Pressure (shut-in) Packer	Choke Size 5/48 - 11/48

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.

OIL CONSERVATION DIVISION

APPROVED SEP 18 1981, 19_____
BY W. A. Gressett
TITLE SUPERVISOR, DISTRICT II

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 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 multi

James R. Henry
(Signature)

Division Engineer

(Title)

September 1, 1981

(Date)