| DISTRIBUTION SANTA FE FILE | REQUEST | FOR ALLOWABLE | Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|
| U.S.G.S. | AUTHORIZATION TO TRA | ANSPORT OIL AND NATURAL | GAS |
| LAND OFFICE OIL | | | |
| GAS GAS | | | |
| PRORATION OFFICE | 1 | | |
| Pogo Producing Compan | v / | , | |
| P 0. Box 10340, Midla | | | |
| Reason(s) for filing (Check proper bos | | Other (Please explain) | |
| New Well | Change-In Transporter of: | s X Split Com | ection |
| Recompletion | Oil Dry So Casinghead Gas Conde | | |
| If change of ownership give name and address of previous owner | | | |
| . DESCRIPTION OF WELL AND | LÉASE | | se Lease No. |
| Lease Name | R-6 9/20 , Eff 3/ | S/82 P.LOVING State Feder | rel or Fee Federal NM-15433 |
| NEL Com. | I tulebra Blutt | (Atoka) GAS | J |
| Unit Letter I;66 | 0Feet From TheEast_Lir | ne and 1980 Feet From | The South |
| | waship 23 South Bange | 28 East , NMPM, E | ddy County |
| Line of Section 5 | | | |
| i. DESIGNATION OF TRANSPOR | TER OF OIL AND NATURAL GA | 15 Address (Give address to which appr | oved copy of this form is to be sent) |
| Western Crude Oil Inc | | 405 West Indiana, Box | 1142, Midland, TX 79702 oved copy of this form is to be sent) |
| Note of Authorized Transporter of Ca Llano, Inc. | singhead Gas or Dry Gas X. | P. O. Box 1320, Hobbs, | New Mexico 88240 |
| El Paso Natural Gas Com | Pany Unit Sec. Twp. Pge. | P. O. Box 1320, Hobbs, P. O. Box 1492, El Pas Is as actually connected? Llano - yes | Den Texas /9978 1ano - 9/04/81 |
| If well produces oil or liquids, give location of tanks. | I 9 23S 28E | El Paso - No 'E | |
| If this production is commingled wi | th that from any other lease or pool, | give commingling order number: | |
| '. COMPLETION DATA | Oil Well Gos Well | New Well Workover Deepen | Plug Bock Some Resty. Diff. Resty. |
| Resignate Type of Completi | Date Compl. Ready to Prod. | Total Depth | P.2.T.D. |
| Date Spudded 11-12-80 | 3-21-81 | 12,852' | 12,811' Tubing Depth |
| Elevations (DF, RKB, RT, GR, etc.) 3046.4 GR; 3068 RKB | Name of Producing Formation Atoka | Top C!1/Gas Pay 11,585' | H,500' |
| | | - | Decth Casing Shoe |
| 11585'-11592' (8'-16 | holes); 11595'-11605' (1 | D CEMENTING RECORD | 12,852' |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
| 20 | 16 | 2700 | 510 |
| 12-1/4 9-1/2 | 7-5/8 | 10220 | 2220 |
| 6-1/2 | 5 (liner) | 9927-12852 | 400 |
| . TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow- able for this depth or be for full 24 hours) | | | |
| OIL WELL Date First New Oil Run To Tanks | Date of Test | Producing Method (Flow, pump, gas) | iiji, etc.) |
| Longth of Tost | Tubing Pressure | Casing Pressure | Chcke Size |
| Lengin of year | | Wigter-Bbls. | Gco-MCF |
| Actual Prod. During Test | Oll-Bbls. | | |
| | | | |
| GAS WELL | Length of Test | Bbls. Condensate/MMCF | Grevity of Condemate |
| Actual Prod. Test-MCF/D 2232 | 4 | 0 | Choixe Size |
| Back Pressure | Tubing Pressure (Ehst-in) 6530 | Casing Freesure (Shut-in) Packer | 5/48 - 11/48 |
| | | OIL CONSERV | ATION COMMISSION |
| CERTIFICATE OF COMPLIAN | | APPROVED OCT 7 | 98!, 19 |
| 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. | | BY | |
| | | | |
| Llano as gas buyer. ρ | | l state a state a serie delled or deepened | |
| (Signature) | | well, this form must be accompanied by a thousand the second and by a thousand the second and th | |
| U Division Engineer | | All sections of this form must be filled out completely for allow- | |
| (Title) October 5, 1981 | | 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. | |
| (Date) | | Separate Forms C-104 mu | st be filed for each pool in multiply |
| | | completed wells | |