NO UP . PILE RECEIVED DISTRIBUTION NEW MEXICO OIL CONSERVATION COMV SANTA FE REQUEST FOR ALLOWABLE FILE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS U.S.G.5. LAND OFFICE JU!_ 3 1981 OIL TRANSPORTER GAS Q C.D. OPERATOR PRORATION OFFICE Operator Pogo Producing Company Midland, Texas 79702 P.O. Box 10340 Other (Please explain) Test tank allowable Reason(s) for filing (Check proper box) request for approximately 175 bbls of ليا Change in Transporter of: Dry Gas Recompletion Oil crude oil produced during completion operations Perfs 3648-70 Cherry Canyon Casinghead Gas Condensate Change in Ownership If change of ownership give name and address of previous owner ___ II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation Kind of Lease State, Federal or Fee Federal Wildcat Delaware NFI Location East 1880 Feet From The South Line and 760 Feet From The Unit Letter , NMPM Range 28-E Township 23-S

or Condensate

Sec.

9

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

Oil Well

Date Compl. Ready to Prod.

Name of Producing Formation

Date of Test

Oil-Bble.

Tubing Pressure

Length of Test

I hereby certafy 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.

(Signature)

(Title)

(Date)

Division Operations Manager

Tubing Pressure (Shut-in)

CASING & TUBING SIZE

or Dry Gas

23-S | 28-E

Gas Well

Twp.

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Unit

Name of Authorized Transporter of Oil

If well produces oil or liquids,

Elevations (DF. RKB. RT. GR. etc.)

HOLE SIZE

Date First New Oil Run To Tanks

give location of tanks.

IV. COMPLETION DATA

Date Spudded

Derforations

OIL WELL

Length of Test

GAS WELL

Actual Prod. During Test

Actual Prod. Test-MCF/D

Testing Method (pitot, back pr.)

VI. CERTIFICATE OF COMPLIANCE

July 6, 1981

Western Crude Oil, Inc.
Name of Authorized Transporter of Casinghead Gas

Designate Type of Completion - (X)

V. TEST DATA AND REQUEST FOR ALLOWABLE

Supersedes Old C-104 and C-110 Ellective 1-1-65

Lease No.

NM-15433

Eddy County

Same Resty, Diff. Resty.

OIL CONSERVATION COMMISSION JUL 1 0.1981 APPROVED SUFERVISOR, DISTRICT U

Choke Size

Choke Size

Gas - MCF

Gravity of Condensate

Address (Give address to which approved copy of this form is to be sent)

Box 1142 Midland, Texas 79702

Address (Give address to which approved copy of this form is to be sent)

When

Plug Back

P.B.T.D.

Tubing Depth

Depth Casing Shoe

SACKS CEMENT

Deepen

(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)

Producing Method (Flow, pump, gas lift, etc.)

Is gas actually connected?

Workover

DEPTH SET

No

Total Depth

TUBING, CASING, AND CEMENTING RECORD

Top Oll/Gas Pay

Casing Pressure

Bbls. Condensate/MMCF

Casing Pressure (Shut-in)

Water - Bbls.

TITLE

This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or despened 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 multiply ed wells.....