

DISTRIBUTION			
SANTA FE		/	
FILE		/	/
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL	/	
	GAS		
OPERATOR		/	
PRORATION OFFICE			

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

RECEIVED

AUG 27 1981

Operator Pogo Producing Company		O. C. D. ARRESIA, OFFICE
Address P.O. Box 10340 Midland, Texas 79702		
Reason(s) for filing (Check proper box) 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"/>		Other (Please explain) Test tank allowable request for approximately 680 bbls of crude oil produced during completion operations. Perfs 3648-70 Cherry Canyon

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

Lease Name NEL	Well No. 2	Pool Name, including Formation Wildcat Delaware	Kind of Lease State, Federal or Fee Federal	Lease No. NM-15433
Location Unit Letter <b>I</b> : 1880 Feet From The <b>South</b> Line and 760 Feet From The <b>East</b> Line of Section <b>9</b> Township <b>23-S</b> Range <b>28-E</b> , NMPM, <b>Eddy</b> County				

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Western Crude Oil, Inc.		Address (Give address to which approved copy of this form is to be sent) Box 1142 Midland, Texas 79702				
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)				
If well produces oil or liquids, give location of tanks.	Unit <b>I</b>	Sec. <b>9</b>	Twp. <b>23-S</b>	Rge. <b>28-E</b>	Is gas actually connected? <b>No</b>	When

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

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth			P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay			Tubing Depth				
Perforations					Depth Casing Shoe				
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				

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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

I. 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.

[Signature]  
(Signature)  
Division Operations Manager  
(Title)  
August 27, 1981  
(Date)

OIL CONSERVATION COMMISSION

APPROVED AUG 27 1981, 19  
BY W. G. Gessett  
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 multiply completed wells.