

DATE FILE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
U.S.G.S.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
LAND OFFICE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
TRANSPORTER	OIL <input checked="" type="checkbox"/>	GAS <input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
PRORATION OFFICE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

REQUEST FOR AUTHORIZATION
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED BY
OCT 04 1983
O. C. D.
ARTESIA OFFICE

I. Operator
Pogo Producing Company
Address
P.O. Box 10340 Midland, Texas 79702
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☒

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Urquidez Com	Well No. 1	Pool Name, Including Formation South Culebra Bluff - Atoka	Kind of Lease State, Federal or Fee Fee	Lease No. NM-15433
Location Unit Letter L : 1980' Feet From The South Line and 660' Feet From The West Line of Section 10 Township 23-S Range 28-E, NMPM, Eddy 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"/> UPG, Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2248, Andrews, Texas 79714	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Llano, Inc.	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 L	Sec. 10
	Twp. 23-S	Rge. 28-E
	Is gas actually connected? Yes	
	When 3/9/82	

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't.	Diff. Res't.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, CR, 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

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 (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. 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)

Production Superintendent
(Title)

Sept. 23, 1983
(Date)

OIL CONSERVATION COMMISSION

OCT 5 1983

APPROVED _____, 19____

BY _____
Leslie A. Clements

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 multiple