		· ·	-				
	STATE OF NEW MEXICO	-			Form C-104		
EN	ERGY AND MINERALS DEPARTMENT	ATION DIVISION		Revised 10-1-78			
		OX 2088		RECEIVED			
	JANTA / E	W MEXICO 87501			,•		
	rue IZ			••••			
					MAR - 9 1982		
			DR ALLOWABLE				
	TAANSPONTEN OAS /		ND	CIE	O, C, D,		
_	OPERATION /				ARTESIA, OFFICE		
1.	PRUNATION OFFICE						
	Pogo Producing Company /						
	Address						
	P.O. Box 10340 Midland, Texas 79701						
	Keason(s) for filing (Check proper box		Other (Please exp	olain)			
	New Well	Change in Transporter of:					
	Recompletion	Cil Dry C	••				
	Change in Ownership	Casinghead Gas 🗌 Conde	insate 🔲				
			· · · · · · · · · · · · · · · · · · ·		·····		
If change of ownership give name and address of previous owner							
and address of previous owner							
••	1. DESCRIPTION OF WELL AND LEASE						
	Lease Name Well No. Pool Name, Including Formation K Lease Lease No						
	Urquidez Com. 1 Und Month Loving Morrow State, Federal or Fee NM 1543						
	Location						
Unit Letter L : 1980 Feet From The South Line and 660 Feet From The Vest							
	Line of Section 10. T. mahip 23 South Range 28 East , NMPM, Eddy Count						
	10						
11.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	15			<u> </u>	
Nome of Authorized Transporter of Cill X or Condensate Address (Give address to which approved copy of this form is to be se						be sentj	
Western Crude Oil, Inc. P.O. Box 1142, Midland, Texas 79702							
	Hame of Authorized Transporter of Ca	Address (Give address to which approved copy of this form is to be sent)					
	Llano, Inc.	P.O. Box 1320 Hobbs, New Mexico					
	If well produces oil or liquids, Unit Sec. Twp. Rge. Is gas octually connected? When						
	give location of tanks.						
If this production is commingled with that from any other lease or pool, give commingling order number:							
٠,	COMPLETION DATA				g Back Same Restv	Diff Besty	
	Designate Type of Completio	Oil Well Gas Well	New Well Workover I	eepen 'Plu' I	g Buck Sumeries (i Dhi Nea i	
	Designate Type of Completic		X				
	Date Spudded	Date Compl. Ready to Prod.	Total Depth				
	8-9-81	12-22-81	12,843		2,375		
	Lievations (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	1.01			
	3018.4 GR	Atoka	1 11,593		11,445		
	Perforations				12,412		
	11,593 - 98 and 11,0	531 - 34		<u>_</u>	2,-12		
		T	D CEMENTING RECORD		SACKS CEME	NT	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		50 sx - circ		
		13 3/8"	425'		900 - circ		
	12 1/4"	10 3/4"	9639'	the second s	0 sx Top cmt	2600'T S	
	9 1/2"	<u>7 5/8"</u>	Top 9223' - 12,80		380	i <u></u>	
						and top all-	
•.••	TEST DATA AND REQUEST FO	OR ALLOWABLE Trest must be a nate for this de	fier recovery of social volume of pth or be for full 24 hours)	1 1005 011 and m	ist De equalito of exc	A	
	OIL WELL	Date of Test	Producing Method (Flow, pu	mp, gas lift, etc	., .,	WC -	
	Pule I The free of them is I due			Dester 17 82			
	Length of Test	Tubing Pressure	Casing Pressure	Che	to Size To plice	26	
					() A 3'	. •	
	Actual Prod. During Test	Oil-Bble.	Water-Bbls.	Ga	- MCF	-	
		1			,		
	GAS WELL			<u></u>			
]	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gra	vity of Condensate		
	1,381 MCF/D	4	0		0		
	Teating Method (pitot, back pr.)	Tubing Presswe (Shut-in)	Casing Pressure (Shut-in)	1	ie Size		
	Back Pressure	5945	Pkr.		<u>4; -/64 to 8/6</u>	_4	
2. CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oli Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.				BERVATION			
			MAR 2 2 1987				
			APPROVED				
			w W. a. Sresset				
			BY				
			TITLE				
	Blindula	This form is to be filed in compliance with RULE 1104.					
	BI OSMa	and the second for allowable for a newly drilled or deepened					
Bill Q. Williams (Signoture) Division Operations Manager			If this is a request to another by a tabulation of the deviation well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with AULE 111. All sections of this form must be filled out completely for allow-				
							Division Operations Manager
	[***	•	BUIE ON HER BIN ISCOMPTEND AND AND AND AND AND AND AND AND AND A				

March 8, 1982 (Date) All sections of this form must be filled out completely for allow able 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. Superste Forms C-104 must be filed for each pool in multiply