Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

RECEIVED **OIL CONSERVATION DIVISION**

ZED	ztst
Page	Zh

DISTRICT II 20 Drawer DD, Artesia, NM 88210	•			P.O. B Fe, New M	ox 2088				8	10 31 A1	ل 101 ا	AN - 9	'91
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410		JEST F	OR	ALLOWA	BLE AND	AUTH	ORIZ	ZĄŢĮ				O. C. () .
I		TO TR	ANS	PORT OIL	AND NA	TURA	LGA	13/F	AHE			TESIA, OF	FICE
Operator									Well A		2001		
Pogo Producing Comp	any 🗸								3001	524069	0021		
Address													
Reason(s) for Filing (Check proper box)					T Out	ner (Pleas	e explo	rin l					
New Well		Change i	n Trans	sporter of:		101 (1 1000	CAS	SĪŃG	HEAD	GAS N	MUST N	OT RE	
Recompletion	Oil	E	٦.	•						R			
Change in Operator	Casinghea	d Gas	- ·	densate			I L/A	KED. mari	7501 <u>1</u> - 851	ik Tvotora	148.1		
If change of operator give name										EXCEPT		M	
and address of previous operator							i ric-	D. L.	. M. 1	S OBTA	INED	· · ·	
II. DESCRIPTION OF WELL A	AND LE												 1
Lease Name		Well No.		Name, Include					Kind of	Lease ederation Fe	1	Lease No. 0659	İ
Pure Gold "D" Federal		I	WII	dcat-Del	aware, b	rusny	Lan	yon			11411-4	0059	
Location	1.0	100			lonth		66	:n			West		
Unit LetterE	.:19	980	_ Feet	From The	NOT LIE	e and	66	0	Fee	t From The .	MEST		Line
Section 28 Township	235		Rang	ge 31E	. N	МРМ,	Fd	ldy				Coun	ıty
Section 2.0 Township			1000	<u> </u>									
III. DESIGNATION OF TRANS	SPORTE	ROFC	IL A	ND NATU	RAL GAS								
Name of Authorized Transporter of Oil	XX	or Conde	nsate							copy of this f			
Enron Oil Irading					P. 0. B								
Name of Authorized Transporter of Casing	head Gas	KX	or D	ry Gas	will re					opy of this f	orm is to be	seru j	
None at this time	Unit	Sec.	Twp	. Rge.				1	When :				
If well produces oil or liquids, give location of tanks.	l F	28	23		No	iy comic	4001	i		contrac	t & hoo	ıkun	
If this production is commingled with that f			_			iber:			<u>, </u>	JOHULAG	<u>v d noc</u>	жар	
IV. COMPLETION DATA					•						1		
		Oil We	u	Gas Well	New Well	Works	over	Do	epen	Plug Back	Same Res'v	Diff R	es'v
Designate Type of Completion -	· (X)	X	1		<u> </u>	1		<u> </u>	1	Χ	<u> </u>	<u> </u>	
Date Spudded	Date Com				Total Depth					P.B.T.D.			-
6-23-85		2-22-8			Top Oil/Gas	,950'				7,665'			
Elevations (DF, RKB, RT, GR, etc.)	1	LAMING OF LIGHTONIA				-				Tubing Depth			
3350.2 GR Perforations	DeTawa	are, Br	usny	Canyon	7,55	4 '				Depth Casin	7,580'		
7,554-7,578' (48 holes	~ \										1.490'	10_5/	ן ניים
7,554-7,576 (46 Hotes	<u>} / </u>	TIRING	CA	SING AND	CEMENT	NG RE	COR	D			1 • 4 J U	12-2/1	
HOLE SIZE		SING & 1				DEPTH				(SACKS CE	MENT	
26"	20"				5	32					irc 120		
17-1/2	13-	-3/8"			41	70'					ks (cir		
12-1/4		5/8"				90'				1975 s	ks, TOC	6800	
		7/8"			75	80'							
V. TEST DATA AND REQUES	T FOR A	ALLOW	ABL	E						44 4	c c.!! 24 k	1	
OIL WELL (Test must be after re	, 		e of loc	id oil and mus	Producing N						jor juli 24 h	Post	TO-X
Date First New Oil Run To Tank	Date of Te				1	ienion (1.	iow, pu	мγ, გ.	as 190, c	·.,		2-1	-91
12-31-91 12-21-90 Length of Test	1-/ Tubing Pre	7-91			Pump Casing Press	arte				Choke Size		Samp	N. A.
24 hrs.	-	Psi			25 PS					N/A		gamp	Day.
Actual Prod. During Test	Oil - Bbls.				Water - Bble					Gas- MCF	(1012 0	OR)	
	81				140					82	<u>42.5 Gr</u>	<u>avity</u>]
GAS WELL													
Actual Prod. Test - MCF/D	Length of	Test			Bbls. Conde	nsate/MN	ICF			Gravity of	Condensate		
	ļ												
Testing Method (pitot, back pr.)	Tubing Pre	essure (Sh	ut-in)		Casing Press	sure (Shul	l-in)			Choke Size			
										l			
VI. OPERATOR CERTIFIC	ATE OF	COM	PLIA	ANCE			~~·	ופר	(D) / /	TION	חוייום	ONI	
I hereby certify that the rules and regulations of the Oil Conservation					UIL (ノUI \	つに	: M V A	ATION	_			
Division have been complied with and that the information given above is true and pumplete to the best of my knowledge and belief.			1						JAN 2 9 1991				
is true and complete to the best of my b	TIOWIEGE &	uici oeliei.			Date	e Appi	rove	d					
MINIAN VI	1/2.1	*				•							
Signature Signature	· rugi	V()_			∥ By_				સભામ	AL SIGN	rn av	·:	
Richard L. Wright	Divisi	on Ope	r. S	<u>Supervi</u> so				_		ne order Televanis			
Printed Name 1/7/91		(915)	Title	• ·	Title)				304, D		17	
1/ // 91 Date			lephon								, constant	i.g. and the	

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.