80, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

## OIL CONSERVATION DIVISION PO Box 2088

Drawer DD, Artesia, NM 88210		Ç,	nto Eo		lexico 87504-2088				Ω	10				
TRICTIII		S	ulla re	, New IV	iexico 6/3	104-20	00	OHA	U	193	11 M 19	13.7	<b>~</b> > 45	
00 Rio Brazos Rd., Aztec, NM 87410	REQ	UEST F	OR AL	LOWA	BLE AND	AUTI	HORI	/ AL   15 711	<b>.</b> :					
A.					L AND NA						:03	-	<u>3 o</u> Vomu	
Operator		, <u>, , , , , , , , , , , , , , , , , , </u>		<u> </u>	C/11/D/11/	11011	'IL G		I API No		<del>- 178</del>	- 1.23.3 - 1.23.3	<u>. S. sar</u> Ofice govern	
Pogo Producing Com	pany /							30	01524	1069	0051		te sections.	
Address	,				··			1		-003	0001			
Reason(s) for Filing (Check proper box)					Ot	her (Plea	se expl	zin)						
New Well		Change in	Transno	rter of:		12	-	-	: AD (	1 12	MUST N	OF D	) E	
Recompletion	Oil	[-]	Dry Ga										_	
Change in Operator	Casinghe	ad Gas 🗍	Conden	_			FL	INED A	FIR.		2/28	171	•	
If change of operator give name							1.17		· 4 - 5 s			<u> </u>		
and address of previous operator		<del> </del>											<del></del>	
II. DESCRIPTION OF WELL	AND LE	ASE						• • • • • •		J 1.				
Lease Name		Well No.	Pool Na	me, Includ	ing Formation			Kine	of Less	<del></del>		Lease No	 o.	
Pure Gold "D" Federal		1			laware, B		/ Car	Wen State	Federa	Jor Fe	• NM-4	0659		
Location		<del></del>	•		· · · · · · · · · · · · · · · · · · ·			<del>V _ 1</del>						
Unit Letter E	. 19	980	East En	m The	North Li	o and	66	iO ,	Feet From	- 75-	West		_Line	
				AII 1110		E 4110 _			reet Pion	1 1116			_Line	
Section 28 Townshi	235		Range	31E	, N	МРМ,	Ed	dv				Cor	unty	
III. DESIGNATION OF TRAN	SPORTE	R OF O	IL AN	D NATU										
Name of Authorized Transporter of Oil	[XX]	or Conden	sale	77	Address (Gi	re addre:	ss to wh	ich approve	d copy o	f this f	orm is to be .	tent)		
Fnron Oil Trading		FOII F	nergy	Loth.	P. 0. B	ox 11	188,	Housto	n, Te	xas	77252			
Name of Authorized Transporter of Casing	ghead Gas	KXffe()	tive evi	<b>-1-93</b>	Address (Gi	ne addres	ss so wh	ich approve	d copy o	f this f	orm is to be :	sent)		
None at this time					will re	<u>ques t</u>	: fla	<u>re per</u>	mit_					
If well produces oil or liquids,	Unit		Twp.	-	is gas actual	y conne	cted?	Whe	n?					
give location of tanks.	I E	28	235	31E	No			<u> IW/O</u>	cont	rac	t & hoo	kup		
f this production is commingled with that	from any oth	er lease or p	pool, give	comming	ing order num	ber:								
IV. COMPLETION DATA														
Designate Time of Completion	(V)	Oil Well	G	as Well	New Well	Work	over	Deepen	Piug	Back	Same Res'v	Diff I	Res'v	
Designate Type of Completion		X	i_		<u></u>	<u> </u>	1		_ <b></b> _X		<u> </u>	<u> </u>	<u> </u>	
Date Spudded	,	pl. Ready to			Total Depth				P.B.T					
6-23-85	12-22-85				14,950'					7,665'				
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formal					Top Oil/Gas Pay				Tubing Depth					
3350.2 GR Delaware, Brushy Canyon						7,554'				7,580 Depth Casing Shoe				
Perforations									Depth	Casin	g Shoe			
/7,554-7,578' (48 hole									<u> </u>	11	490'	(9-5/	8")	
	<u> </u>	TUBING,	CASIN	G AND	CEMENTI	NG RE	CORI	)			···			
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET				SACKS CEMENT						
( \28		20"			532'				825 (circ 120 sks)					
$\angle 17-1/2$	13-3/8"				4170'				3500 sks (circ 375 sks)					
12-1/4	9-5/8"				11490'				1975 sks, TOC 6800'					
	2-7/8"				7580'									
V. TEST DATA AND REQUES														
OIL WELL (Test must be after re			of load or	i and must	· · · · · · · · · · · · · · · · · · ·					or be f	or full 24 ho	urs.)		
Date First New Oil Run To Tank	Date of Ter				Producing M	thod (F)	low, pun	np, gas lift,	elc.)					
42-31-91 12-24-90		<u>'-91</u>			Pump	···			10	<u> </u>				
Length of Test	Tubing Pre				Casing Press				Choke					
24 hrs. Actual Prod. During Test		Psi		<del></del>	25 PS: Water - Bbls.			· · · · · · · · · · · · · · · · · · ·		N/A	1010 0			
Actual Frod. During Test	Oil - Bbls.							**	Gas-1		1012 G		ļ	
	81	<del></del>			140		,		182	4	2.5 Gra	ivity		
GAS WELL										. /~ /	•			
Actual Prod. Test - MCF/D	Length of 7	Cest			Bbis. Conden	sate/MM	CF	/	Gravit	y of C	ondensale	.,,,,,		
								- /	-	. 1				
esting Method (pitot, back pr.)	Tubing Pres	saure (Shut-	in)		Casing Press.	re (Shut-	-ia)	1 5	Choke	Size		3.2		
•								1 1	7 /	٠.	7	13	l	
VI. OPERATOR CERTIFICA	ATE OF	COMPI	LIAN	CE					-	1.20				
I hereby certify that the rules and regular				-	(	JIL C	CON	SERV	ATIC	)N [	DIVISIO	NC		
Division have been complied with and that the information given above														
is true and complete to the best of my impowledge and belief.						Date ApprovedJAN 2 9 1991								
Male I.	11	4			Daie	, thh	UVEU			<del></del>				
MICHAIDO C	1/ust							ODIOIN	IAI CI	Cin	D. DV			
Signature	. <del> </del>				By			ORIGIN			MIN			
	<u>livisio</u>			<u>ervi</u> so	1			MIKE			ار <b>±لارنا</b> ±د بمصير	8		
Printed Name 1/7/91	(	915) 68	Tide 32–68:	22	Title.			SUPER	V13UM	ڊان ,. ——	STRICT I	1		
Date			hone No.	<del></del>	1						, gut es a regione			

## 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.