

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

State of New Mexico
Energy, Minerals and Natural Resources Department

RECEIVED

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

SEP 14 '90

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

O. C. D.
ARTESIA, OFFICE

I.

Operator Pogo Producing Company ✓	Well API No. 30-015-25098
Address P. O. Box 10340 Midland, Texas 79702-7340	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of operator give name
and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name Lightfoot "Com"	Well No. 2	Pool Name, Including Formation Undesignated Atoka	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter P : 660 Feet From The South Line and 660 Feet From The East Line Section 14 Township 24-S Range 28-E, NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Enron Oil Trading & Transp. Co.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1188, Houston, TX 77251-1188					
Name of Authorized Transporter of Casinghead Gas Llano Inc.	Address (Give address to which approved copy of this form is to be sent) 921 W. Sanger, Hobbs, New Mexico 88240-4917					
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 14	Tw. 24-S	Rge. 28-E	Is gas actually connected? Yes	When? 5-22-85

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'v	Diff Res'v
		X				X		X
Date Spudded 12-19-84	Date Compl. Ready to Prod. 9-12-90	Total Depth 12,820'	P.B.T.D. 12,640'					
Elevations (DF, RKB, RT, GR, etc.) 2978.5 GR, 3000' KB	Name of Producing Formation Atoka	Top Oil/Gas Fay 11,972	Tubing Depth 11,868					
Perforations 11,972 - 11,978			Depth Casing Shoe					

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 5/8"	600'	800 SXS Part ID-2
12 1/4"	10 3/4"	2660'	1850 SXS 9-28-90
9 1/2"	7 5/8"	9820'	1200 SXS comp H2O
6 1/2"	5" liner	9424' - 12820'	510 SXS P+H Mar

V. TEST DATA AND REQUEST FOR ALLOWABLE 2 3/8 N-80 tbg 11868'

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 Tank	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 1165 CAOF	Length of Test 4 hrs.	Bbls. Condensate/MMCF 0	Gravity of Condensate 0
Testing Method (pilot, back pr.) Back Press.	Tubing Pressure (Shut-in) 5568 Dwt	Casing Pressure (Shut-in) 0	Choke Size 4/64 - 8/64

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation
Division have been complied with and that the information given above
is true and complete to the best of my knowledge and belief.

Signature Richard L. Wright
Richard L. Wright Dist. Dirg & Prod. Supt.
Printed Name _____ Title _____
Date 9/15/90 Telephone No. 915/682-6822

OIL CONSERVATION DIVISION

Date Approved SEP 25 1990

By _____ ORIGINAL SIGNED BY

MIKE WILLIAMS

Title _____ SUPERVISOR, DISTRICT II

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.