44536

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

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

OIL CONSERVATION DIVISION DISTRICT II P.O. Drawer DD, Artesia, NM 88210

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brizos Rd., Aziec, NM 87410

I.	REQ						AUTHOR ATURAL C		N					
Operator	alor							Well API No.						
Pogo Producing	30-015-25176													
Address P. O. Box 10340	, Midla	and, Te	exas	s 79	702-	7340								
Reason(s) for Filing (Check proper box)						X O	her (Please exp	olain) PO	jo reque	sts p	ermi	ssion	to	
New Well		Change it	Trac	nsporter o	of:	sell	approxim	ately :	2400 bb1:	s tes	t oi	l pro-	_	
Recompletion		duced from the Delaware Formation perfs												
Change in Operator	Casinghe	ad Gas	Con	densate	<u> </u>	8220-	8238'.	<u>Produc</u>	tion fac	<u>iliti</u>	es &	compi	res-	
If change of operator give name and address of previous operator						sor a	re heing	insta		une				
II. DESCRIPTION OF WELL	AND LE	ASE			·									
Lease Name Cal-Mon	Well No. Pool Name, Included 2 Wildcat [nd of Lease ite, Federal or l	Fee	Lease No. NM-19199			
Location		1				Cranare					M11-1	3133		
Unit LetterF	_ :1	.980	_ Feet	t From T	he	North Li	se and	80	Feet From Th	eW	est_	1	Line	
Section 35 Townshi	р 23	3-S	Ran	ge 3	31-E	۸,	МРМ,	Eddy				County	y	
III. DESIGNATION OF TRAN	SPORTE	'R OF O	11. A	ND N	A TT II	DAL GAS								
Name of Authorized Transporter of Oil	TVV EO	1 de me	ijý	Com			ve address to w	hich appro	red copy of this	s form is	to be se	ni)		
Enron 0il Trading Fffective 1-1-93						P. O. Box 1138, Houston, TX 77252								
Name of Authorized Transporter of Casing	ghead Gas	[XX]	or D	ry Gas		Address (Give address to which approved copy								
Llano Inc.	1 (921 Sanger, Hobbs,			NM 88240-4917				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp	•	Rge.	i -	ly connected?	į w	en ?					
·	 	35	23			<u>l</u> no			<u>June</u> 1	199	} 1			
If this production is commingled with that IV. COMPLETION DATA	Hom any our	er lease or	pooi,	give con	nannegr	ing order mun		<u>-</u>			-			
Designate Type of Completion	- (X)	Oil Well		Gas W	'ell	New Well	Workover	Deeper	Plug Baci	k Same	Res'v	Diff Res	ľV	
Date Spudded	Date Compi. Ready to Prod.					Total Depth	-	P.B.T.D.	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation						Top Oil/Gas	Tubing De	Tubing Depth						
Perforations							Depth Cas	Depth Casing Shoe						
11015 0175	TUBING, CASING AND					CEMENTI		21010 2511515						
M/b /	CASING & TUBING SIZE					<u>'</u>	SACKS CEMENT							
2.4							- 							
(3)														
V. TEST DATA AND REQUES	T FOR A	LLOWA	BL	E										
OIL WELL (Test must be after re					i must i	be equal to or	exceed top all	owable for i	his depth or be	e for full :	24 hour	z.)		
Date First New Oil Run To Tank	· · · · · · · · · · · · · · · · · · ·					Producing Method (Flow, pump, gas lift, etc.)								
Length of Test	Tubing Pressure					Casing Press	Choke Siz	Choke Size						
Actual Prod. During Test	Oil - Bbls.					Water - Bbls.	Gas- MCF	Gas- MCF						
]	
GAS WELL Actual Prod. Test - MCF/D	Length of 1	Feet			₁	Bbls, Conden	ANCE		10	Candain				
ALIUM FIOU. TEM - WICI7D	Bois. Conden	Gravity of	Gravity of Condensate											
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Press	Choke Siz	Choke Size							
I. OPERATOR CERTIFICA	ATE OF	COMP	Ι.ΙΔ	NCF	\dashv]	
I hereby certify that the rules and regula		•			Ì		DIL CON	ISER\	/ATION	DIVI	SIO	N		
Division have been complied with and that the information given above														
is true and complete to the best of my in	howledge an	d belief.	/		1	Date	Approve	d ,	JUN 4	1991				
Sillar of	/ //L	h DH	•				FF. 2.0							
- Millia V. Wright-						By ORIGINAL SIGNED BY								
Richard L. Uright Division Oper. Superviso														
Printed Name Title					Title SUPERVISOR, DISTRICT IT									
5-31-91 Date	(9	15) <u>68</u> 2			_				<u> </u>					
Date		Telep	HE TOP	(W).		1								

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
- 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.