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

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

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

DISTRICT III

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

1000 Rio Brazos Rd., Aztec, NM 87410	REQUEST F	OR ALLOWAE	BLE AND AL	JTHORIZA	TION	(₁₉₅₀ - 41.3			
I		ANSPORT OIL							
Operator					Well A	Pi No.			
Pogo Producing Compa	any		.'		<u> </u>				
Address P. O. Box 10340, Mic	dland, Texas	79702-7340							
Reason(s) for Filing (Check proper box)	 		X Other	Please explain)	Gas wa	is flared-	·L <u>.P.</u>	Gathering	
New Well	Change in	Transporter of:	System	installe by Pogo	d & or	perated by	/ lexa	ico-joint Tivered to	
Recompletion	Oil L.	Dry Gas	Llano	after bei	na cor	ipressed (Sec.	24, T229	
Change in Operator	Casinghead Clas	Condensate	R31E,	Eddy Coun	ty				
If change of operator give name and address of previous operator			·						
II. DESCRIPTION OF WELL	AND LEASE	·					1		
Lease Name Federal Neff	Well No.	Pool Name, Includi	_	.]		f Lease Sederal or Fee	_	ease No.	
Location	dural 1	Livingston	κταge, υ	elaware		ederal or Fee ederal	L NM-2	25365	
Unit LetterC	: 660	_ Feet From The	North Line a	nd <u>1980</u>	Fee	t From The	West_	Line	
Section 25 Township	22- S	Range 31-E	, NMP	м, Edd	ly			County	
III. DESIGNATION OF TRAN	SPORTER OF O	IL AND NATU	RAL GAS						
Name of Authorized Transporter of Oil	Address (Give address to which approved copy of this form is to be sent)								
Enron Oil Trading & Transportation Company			P. O. Box 1188, Houston, Texas 77252-9931						
Name of Authorized Transporter of Casing	thead Gas	or Dry Gas	1			copy of this form			
Texaco Inc. If well produces oil or liquids,	Unit Sec.	Two I Ban				<u>lew Mexico</u>	<u> 8824</u>	łU	
give location of tanks.	C 125	Twp. Rge. 22-S 31-E	Rge. Is gas actually connected? When ? 31-E yes 6-25-90						
If this production is commingled with that i	 							· · · · · · · · · · · · · · · · · · ·	
IV. COMPLETION DATA			J						
Designate Type of Completion	Oil Wel	Gas Well	New Well	Workover	Deepen	Plug Back Sai	ne Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to	o Prod.	Total Depth			P.B.T.D.			
4/14/88	11/4/89			15,026'			7,180'		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing F		Top Oil/Gas Pay			Tubing Depth			
3567 RKB	Brushy Canyon-Delaware		7,080'			7,137'			
Perforations 7001 071 711	DE 201 20-0	-			_	Depth Casing Si	hoe		
7080-89', 7091-97', 711		CASING AND	CEMENITING	PECOPD	//	11,855			
HOLE SIZE	CASING & T			EPTH SET		SAC	KS CEN	IENT	
17-1/2	13-3/8	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	800	<u> </u>		825 sx		rt ID-3	
12-1/4	10-3/4		4530			2000 s		7-3-96	
9-1/2	7-5/8		11855			1500 s		Id GT: TEX	
6-1/2	5" liner		14998			300_sx			
V. TEST DATA AND REQUES	T FOR ALLOW								
	ecovery of total volume	of load oil and must					ull 24 hoi	urs.)	
Date First New Oil Run To Tank	Date of Test	10	Producing Methodology Dump	su (riow, pump,	gas un, e	<i>c.j</i>			
Length of Test	Tubing Pressure	,,,	Casing Pressure	$\overline{}$		Choke Size			
24 hr.	on punip		N/A			N/A			
Actual Prod. During Test	Øil - Bbls.		Water - Bbls.			Gas- MCF			
84 bbls total fluid	1.7		6	7		12 (GOF	<u>706:</u>	1)	
GAS WELL									
Actual Prod. Test - MOF/D	Length of Test		Bbls. Condensat	e/MMCF		Gravity of Cond	lensate		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC	ATE OF COMI	PLIANCE				TION: D:	VIOI		
I hereby certify that the rules and regula				LUUNS	EKV/	ATION DI	V1510	NIC	
Division have been complied with and is true and complete to the best of my b		en above	Data /	Annroyed	•	JUL 2 7 1	9 9 5		
Jahr. In its	1		Date F	Approved					
Simpline Simpline			Ву	ORM	BINAL	HOMED BY			
	. Drlg. & Pro	od. Supt.	,	510 6.46	Layer Iona	4 4 73 4. U-7.738	- 13		
Printed Name	J	Title	Title_	155	CITATES	Sept. Medical Association	: If	, <u>.</u>	
7/24/90	(312)	682-6822	11						

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.

Telephone No.

- 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.