

Submit 5 Copies

Appropriate District Office

DISTRICT I

P.O. Box 1980, Hobbs, NM 88240

DISTRICT II

P.O. Drawer DD, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico

Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

Form C-104

Revised 1-1-89

See Instructions
at Bottom of Page

36421

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Pogo Producing Company		Well API No.
Address P. O. Box 10340, Midland, Texas 79702-7340		
Reason(s) for Filing (Check proper box)		
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input checked="" type="checkbox"/> Condensate <input type="checkbox"/>	<input checked="" type="checkbox"/> Other (Please explain) Gas was flared-L.P. Gathering System installed & operated by Texaco-jointly owned by Pogo, Texaco & CNG-Gas delivered to Llano after being compressed @ Sec. 24, T22S, R31E, Eddy County
Recompletion <input type="checkbox"/>		
Change in Operator <input type="checkbox"/>		
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Federal Neff	Well No. 1	Pool Name, including Formation Livingston Ridge, Delaware	Kind of Lease State, Federal or Eee Federal	Lease No. NM-25365
Location Unit Letter C : 660 Feet From The North Line and 1980 Feet From The West Line Section 25 Township 22-S Range 31-E, NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Enron Oil Trading & Transportation Co. Effective 1-1-93	<input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1188, Houston, Texas 77252-9931
Name of Authorized Transporter of Casinghead Gas Texaco Inc.	<input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P. O. Box 730, Hobbs, New Mexico 88240
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 25
	Twp. 22-S	Rge. 31-E
	Is gas actually connected? yes	When? 6-25-90

If this production is commingling with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well X	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 4/14/88	Date Compl. Ready to Prod. 11/4/89	Total Depth 15,026'	P.B.T.D. 7,180'					
Elevations (DF, RKB, RT, GR, etc.) 3567 RKB	Name of Producing Formation Brushy Canyon-Delaware	Top Oil/Gas Pay 7,080'	Tubing Depth 7,137'					
Perforations 7080-89', 7091-97', 7115-20' 2spf			Depth Casing Shoe 11,855					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17-1/2	13-3/8	800	825 SXS					
12-1/4	10-3/4	4530	2000 SXS					
9-1/2	7-5/8	11855	1500 SXS					
6-1/2	5" liner	14998	300 SXS					

V. TEST DATA AND REQUEST FOR ALLOWABLE

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 7/6/90	Producing Method (Flow, pump, gas lift, etc.) pump	
Length of Test 24 hr.	Tubing Pressure on pump	Casing Pressure N/A	Choke Size N/A
Actual Prod. During Test 84 bbls total fluid	Oil - Bbls. 17	Water - Bbls. 67	Gas - MCF 12 (GOR 706:1)

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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

R. L. Wright Dist. Dir. & Prod. Supt.

Printed Name

7/24/90

Date

(915) 682-6822

Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUL 27 1990

By ORIGINAL SIGNED BY

MIKE WILLIAMS

Title SUPERVISOR, DISTRICT I9

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 IV.