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FILE

U.S.G.S.

LAND OFFICE

TRANSPORTER

OIL

GAS

OPERATOR

PRORATION OFFICE

NEW MEXICO OIL CONSERVATION COMMISSION

REQUEST FOR ALLOWABLE

RECEIVED BY AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NOV 15 1985

O. C. D.

ARTESIA, OFFICE

Form C-104

Supersedes Old C-104 and C-11

Effective 1-1-65

Operator

Pogo Producing Company

Address

P.O. Box 10340 Midland, Texas 79702

Reason(s) for filing (Check proper box)

New Well

Recompletion

Change in Ownership

Change in Transporter of:

Oil

Casinghead Gas

Dry Gas

Condensate

Other (Please explain)

Special test allowable 550 bbl Cherry Canyon, Perforations 6045'-6072' (OA)

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name

Cal-Mon

Well No.

3

Pool Name, Including Formation

Sand Dunes

Kind of Lease

State, Federal or Fee

Federal

Lease No.

NM 19199

Location

Unit Letter

F

1980

Feet From The

North

Line and

2180

Feet From The

West

Line of Section

35

Township

23-S

Range

31-E

NMPM,

Eddy

County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil

UPG, Falco

or Condensate

Address (Give address to which approved copy of this form is to be sent)

P.O. Box 20108, Shreveport, Louisiana 71120

Name of Authorized Transporter of Casinghead Gas

or Dry Gas

Address (Give address to which approved copy of this form is to be sent)

If well produces oil or liquids, give location of tanks.

Unit

F

Soc.

35

Twp.

23-S

Rge.

31-E

Is gas actually connected?

No

When

COMPLETION DATA

Designate Type of Completion - (X)

Oil Well

Gas Well

New Well

Workover

Deepen

Plug Back

Same Res'v.

Diff. Res'v.

Date Spudded

Date Compl. Ready to Prod.

Total Depth

P.B.T.D.

Elevations (DF, RKB, RT, GR, etc.)

Name of Producing Formation

Top Oil/Gas Pay

Tubing Depth

Perforations

Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE

CASING & TUBING SIZE

DEPTH SET

SACKS CEMENT

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 Tanks

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

Length of Test

Ebbs. Condensate/MMCF

Gravity of Condensate

Testing Method (pilot, back pr.)

Tubing Pressure (Shut-in)

Casing Pressure (Shut-in)

Choke Size

CERTIFICATE OF COMPLIANCE

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

Signature

Division Operations Manager

Title

11/14/85

Date

OIL CONSERVATION COMMISSION

APPROVED

NOV 18 1985

19

BY

Original Signed By

Mike Williams

TITLE

Oil & Gas Inspector

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviated tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of conditions.