NO. OF COPIES SCCCIVED					
DISTRIBUTION					
SANTA FE					
FILE					
U.5.G.S.					
LAND OFFICE					
TRANSPORTER	OIL]			
	GAS	1			
OPERATOR					

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NO. DF COPIED SCCEIVED	<u> </u>				
DISTRIBUTION	NEW MEXICO OIL CONSEDUATION OF				
SANTA FE	NEW MEXICO OIL CONSERVATION CC . ON FORM C-104 REQUEST FOR ALLOWABLE Supersedes Old C-104 at				d Called and C
FILE	AND Ellective 1-1-02				
U.5.G.5.	AUTHORIZATION TO TR	ANSPORT OIL AND I	NATURAL G	AS	
LAND OF FICE			••		
TRANSPORTER GAS					
OPERATOR OFFICE	-	,			
PRORATION OFFICE Operator		····	············		
Pogo Producing Compa	anv				
Address					
P.O. Box 10340 M	Midland, Texas 79702	•		·	
Reason(a) for filing (Check proper be		Other (Please	explain)		
New Well Recompletion	Change in Transporter of: Oil Dry Go				
Change in Ownership	Casinghead Gas Conde	├ ≒			
If change of ownership give name and address of previous owner				•	
•					
DESCRIPTION OF WELL AND Legae Name	Well No. Pool Name, Including F	Cormation	Kind of Lease		
Cal-Mon	3 Sand Dunes	ormation .	State, Federal	•	Legae No.
Location	1 3 1 Saild Dulles			or Fee Federal	NM 1919
Unit Latter F ; 198	O Feet From The North Lir	ne and2180	_ Feet From T	he West	
Line of Section 35	ownship 23-S Range 3	31-Е , имри,	Eddy		County
	TER OF OH AND NATURAL OF				
Name of Authorited Tabaneravior	RITER OF OIL AND NATURAL GA	Address (Give address t	which approve	ed copy of this form is t	o be sent)
UPG - Falco Effective 4-	1-94 EUT Ellergy John 1	P.O. Box 20108			•
Name of Authorized Transporter of C	asinghead Ga COC Bry Gas	Address (Give address t			
If well produces oil or liquids,	Unit Sec. Twp. P.ge.	Is gas actually connecte	d? When	n	
give location of tanks.	F 35 23-S 31-E	No			
•	ith that from any other lease or pool,	give commingling order	number:		
COMPLETION DATA	Oil Well Gas Well	New Well Workover	Deepen	Plug Back Same Res	'v. Diff. Ren'
Designate Type of Complete	$ion - (X)$ χ	X	!		1 !
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.	
8/27/85	11/16/85	64001		6357	7'
Elevations (DF, RKB, RT, GR, etc.)	7	Top Oil/Gas Pay		Tubing Depth	,
-3482.7' GR	Cherry Canyon	6045		6098	3
6045'-6072'		•		6400) '
<u> </u>	TUBING, CASING, AND	CEMENTING RECOR	 D		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SE	Т	SACKS CEM	_ ~
12 1/4"	8 5/8"	810'		550 sxs C1 C-0	
7 7/8"	5 1/2"	6400'		625 sxs C 1st	
	2 3/8" tbg	60981		890 sxs LW+100 2nd Stage	JSXS C-CI
TEST DATA AND REQUEST F		ster recovery of total volun	a of land oil a		
OIL WELL	able for this de	pth or be for full 24 hours,		na masi be equal to br e	xcoed tip air
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow,	pump, gas lijt	, etc.)	
9/20/85	12/5/85	Pumping			
Length of Test	Tubing Pressure	Casing Pressure		Choke Size	
24 Hrs Actual Prod. During Test	20#	30# Water - Dible.		Gas-MCF	
And the state of t	89	86		23.3	
		 		L	- 1
GAS WELL				2 10	·: /
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condendate/IAMCF	•	Gravity of Condensate	•
	Tubing Pressure (thut-in)		(-)		
Testing Method (picot, back pr.)	Tubing Pressure (Chute-12)	Caning Pressure (Chuc-	7v)	Choke Size	
Control of the control of the control of the	1op		O. 105'51'	L	
CERTIFICATE OF COMPLIAN	(UE	OIL C	ONSERVA	TION COMMISSION	4
t barabu paidlfu dhad dha airlea and	regulations of the Oil Connervation	APPROVED			19
Commission have been compiled	with and that the information given	11			
above is time and complete to the	e best of my knowledge and belist.	BY			
		TITLE			
	`` .			ompliance with RULE	
1 2/11	1	11			

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233	(SIchard	re)	

(Date)

Production Superintendent

12/6/85

(Tille)

If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the device teach on the well in accordance with RULE 111.

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

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