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TRANSPORTER	OIL <input checked="" type="checkbox"/> GAS <input type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
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NEW MEXICO OIL CONSERVATION COM ION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-11
Effective 1-1-65

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SEP 14 '88

Operator Pogo Producing Company		O. C. D. ARTESIAN OFFICE
Address P.O. Box 10340 Midland, Texas 79702		
Reason(s) for filing (Check proper box) New Well <input checked="" type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership <input type="checkbox"/>		Other (Please explain) Request test allowable of 250 bbl oil produced during testing and completion operations in Bone Springs-perfs: 9540'-9608' (OA)
Change in Transporter of: Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
If change of ownership give name and address of previous owner		

Lease Name Neff 13		Well No. 1	Pool Name, including Formation Wildcat Morrow	Kind of Lease State, Federal or Fee Federal	Lease No. NM 29233
Location Unit Letter J ; 1980' Feet From The south Line and 1980' Feet From The east Line of Section 13 Township 22 south Range 31 east , NMPM, Eddy County					

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Enron Oil Trading & Transportation		Address (Give address to which approved copy of this form is to be sent) P.O. Box 1188 Houston, TX 77251-1188			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>		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	Sec.	Twp.	Rge.	Is gas actually connected? When Ph. 1-713-853-3458 (D. Messer)

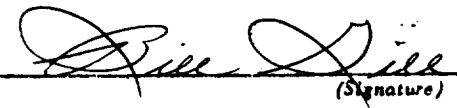
If this production is commingled with that from any other lease or pool, give commingling order number:

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res.	Diff. Res.
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

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	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

VII. 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.  Production Superintendent (Title) September 12, 1988 (Date)		OIL CONSERVATION COMMISSION APPROVED SEP 14 1988 , 19____ BY _____ TITLE _____ 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 device 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 condi	
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