Submit 5 Copies Appropriate District Office DISTRICT 1 P.O. Box 1980, Hobbs, NM 88240

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe. New Mexico 87504-2088

State of New Mexico

Energy, Minerals and Natural Resources Department

RECEIVED

JUL 27 '90

Revised 1-1-8 See Instructions at Bottom of Page

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	REQUEST FO	OR ALLOWAE	BLE AND AUTHORIZ	ZATION	C. J. D.	ā.	
TO TRANSPORT OIL AND NATURAL GA							
Operator		Well API No.					
Pogo Producing (	<u> </u>						
Address			• • •				
P. O. Box 10340.	<u>, Midland, Tex</u>	<u>kas 79702-7</u>	340		- 61	I D Cathaudan	
Reason(s) for Filing (Check proper box)		_	(X) Other (Please expla	un) Gas Wa	as tlared	-L.P. Gathering	
New Well	· -	Transporter of:	by Pogo Toya	CO & CN	G-Gas sold	y Texaco-owned d to Llano afte	
Recompletion $\bigsqcup$		Dry Gas	heing compres	sed 0 Se	24. T	22S, R31E, Eddy	
Change in Operator	Casinghead Gas	Condensate	County				
If change of operator give name and address of previous operator			v				
•							
II. DESCRIPTION OF WELL						I and No	
Lease Name Neff 13	Well No.	Pool Name, Includi			of Lease Bederal or Fee	Lease No.	
		LIVINGSCON	Ridge, Delaware	,	Federal or Fee - ederal	NM-29233	
Unit LetterJ  Section 13 Township	00.0	Feet From The S	outh Line and 19	80 Fe	et From The	East Line	
Section 10 Township	p <u> </u>	Kange OI L	, 14(4), 141,	Ludy			
III. DESIGNATION OF TRAN	SPORTER OF OI	L AND NATU					
Name of Authorized Transporter of Oil	Address (Give address to which approved copy of this form is to be sent)						
Name of Authorized Transporter of Oil XX or Condensate  Enron Oil Trading & Transportation Company			P. O. Box 1188, Houston, Texas 77252-9931				
Name of Authorized Transporter of Casinghead Gas XX or Dry Gas			Address (Give address to which approved copy of this form is to be sent)				
Texaco Inc.			P. O. Box 730.	Hobbs . I	New Mexico	n 882 <b>4</b> 0	
If well produces oil or liquids,	ds, Unit Sec. Twp. Rge.		Is gas actually connected?				
give location of tanks.			yes	lope	ration 6-25-90		
If this production is commingled with that IV. COMPLETION DATA	from any other lease or p	oool, give comming!	ing order number:		1		
\	Oil Well	Gas Well	New Well Workover	Deepen	Plug Back Sa	me Res'v Diff Res'v	
Designate Type of Completion	- (X) χ						
Date Spudded	Date Compl. Ready to	Prod.	Total Depth		P.B.T.D.		
4/14/88	9/26/88		14,975'		9,490		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation			Top Oil/Gas Pay		Tubing Depth		
3593.6'GR 3622.1'KB Brushy Canyon, Delaware			7,119'		7.035'		
Perforations					Depth Casing S	hoe	
7,119-21', 7,127-29',	7,150, 7,151',			/_			
			CEMENTING RECOR	<u> </u>	1		
HOLE SIZE	CASING & TU	BING SIZE	DEPTH SET			CKS CEMENT	
17-1/2	13-3/8		805		670		
12-1/4	10-3/4		4517		1452		
9-1/2	7-5/8		11876		St 1: 686	5 St 2: 985	
6-1/2	5(liner)		13740		213		
V. TEST DATA AND REQUES							
	<del></del>	of load oil and must	be equal to or exceed top allo			full 24 hoyrs.) Post ID-3	
Date First New Oil Run To Tank	Date of Test		Producing Method (Flow, pu	mp, gas iyi, e	(c.)		
9/17/88	6/27/90		Pump		Choke Size	8-3-90	
Length of Test	Tubing Pressure		Casing Pressure		Hold GT TEX		
24 hr.	on pump		N/A Water - Bbis.		N/A Gas- MCF		
Actual Prod. During Test	Oil - Bbis.				135 (GOR 2500:1)		
121 bbls total fluid	54		67	<del></del>	1738 (CO)	R 2500:1)	
GAS WELL							
Actual Prod. Test - MCF/D	Length of Test		Bbis. Condensate/MMCF		Gravity of Condennate		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)		Choke Size		
VI. OPERATOR CERTIFIC  I hereby certify that the rules and regula	ations of the Oil Conserv	ration	OIL CON	SERVA	ATION DI	IVISION	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					1111 0 7	10.00	
is true and complete to the best of my knowledge and belief.			Date Approved	d t	JUL 2 7	コプリ	
Ay, III. A			[]			<b>t</b>	
Signature (			By OR	HGINAL S	IGNED BY		
Signature R. L. Wright Dist. Drlg. & Prod. Supt.			ll Mi	KE WILL!	AMS	men i di	
Printed Name	_	Title	Title SIJ	IPERVISO	R, DISTRIC	1 14	
7/24/90	(915) 68						
Date	Telej	phone No.	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 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 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.