Submit 5 Copies		of New Mexico	Form C 34
Appropriate District Office	Energy, Minerals and	I Natural Resources Department	Revised1-89 See Instructions
P.O. Box 1980, Hobbs, NM 88240	OIL CONSER	VATION DIVISION	at Bottom of Page
DISTRICT II P.O. Drawer DD, Artesia, NM 88210		O. Box 2088	
DISTRICT III		w Mexico 87504-2088	31507
1000 Rio Brazos Rd., Aztec, NM 87		WABLE AND AUTHORIZAT	
I.		OIL AND NATURAL GAS	
Operator	· · · · · · · · · · · · · · · · · · ·		Well API No.
Pogo Producir	ig Company		30-015-25899
Address P O Box 103		2 7240	
Reason(s) for Filing (Check proper b	ax)		as was flared-L.P. Gatherin
New Well	Change in Transporter of	n: System installed	& operated by Texaco-owned
Recompletion	Oil Dry Gas Casinghead Gas XX Condensate	Dy Pogo, Texaco	& CNG-Gas sold to Llano aft @ Sec. 24, T22S, R31E, Edd
If change of operator give name		County County	
and address of previous operator	·····	· · · · · · · · · · · · · · · · · · ·	
II. DESCRIPTION OF WE Lease Name			
Neff 13	Well No. Pool Name, I 1 Livings	ton Ridge, Delaware	Kind of Lease Lease No. State, Federal or Fee Federal NM-29233
Location	[Federal NM-29233
Unit Letter J		e <u>South</u> Line and <u>1980</u>	Feet From TheEastLine
Section 13 Tow			
	mship 22-5 Range 3	<u>1-Е , ммрм, Ed</u>	dy County
ENDESIGNATION OF TR	ANSPORTER OF OIL AND NA	TURAL GAS	
Name of Authorized Transporter of O	m <u>xx</u> bCbddebne rgy-6) [D. Address (Give address to which ap	oproved copy of this form is to be sent)
Enron UII Irading & Name of Authorized Transporter of C		13 F. U. DUX 1108, HU	uston, Texas 77252-9931
Texaco Inc.		1	pproved copy of this form is to be sent) bs, New Mexico 88240
f well produces oil or liquids, ive location of tanks.		Rge. Is gas actually connected?	When ?
	J <u>13 22-5 31</u>		operation 6-25-90
this production is commingled with (V. COMPLETION DATA	that from any other lease or pool, give com	mingling order number:	
	Oil Well Gas We	II New Well Workover De	epen Plug Back Same Res'v Diff Res'v
Designate Type of Completi	ion - (X) X		epen Plug Back Same Res'v Diff Res'v
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
4/14/88 Elevations (DF, RKB, RT, GR, etc.)	9/26/88 Name of Producing Formation	14,975' Top Oil/Gas Pay	9,490
3593.6'GR 3622.1 KB	Brushy Canyon, Delewa		Tubing Depth 7-035 '
Perforations			Depth Casing Shoe
7,119-21', 7,127-29'		, 7,156-58'	
HOLE SIZE	CASING & TUBING SIZE	ND CEMENTING RECORD	
17-1/2	13-3/8	DEPTH SET	SACKS CEMENT
12-1/4	10-3/4	4517	1452
9-1/2	7-5/8	11876	St 1: 686 St 2: 985
6-1/2 . TEST DATA AND REQU	5(liner)	13740	213
	er recovery of total volume of load oil and i	must be equal to or exceed ton allowable	for this depth or he for full 24 hours 1
ate First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, ga	s lift, etc.)
<u>9/17/88</u>	6/27/90	Pump	
ength of Test 24 hr.	Tubing Pressure OF pump	Casing Pressure	Choke Size
ctual Prod. During Test	Oil - Bbls.	N/A Water - Bbls.	N/A Gas- MCF
121 bbls total fluid		67	135 (GOR 2500:1)
GAS WELL			
ctual Prod. Test - MEF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condennate
sting Method (pilot, back pr.)	Tubing Pressure (Shut-in)		
p (p, u.c. pt.)	(SUR-U)	Casing Pressure (Shut-in)	Choke Size
I. OPERATOR CERTIFI	CATE OF COMPLIANCE		
I hereby certify that the rules and rea	gulations of the Oil Conservation	SHILL OIL CONSEI	RVATION DIVISION
Division have been complied with an is true and complete to the best of m	ad that the information given above \rightarrow	man	
	Rowledge and belief. Orvi		JUL 2 7 1900
NY Illing 14			· · · · · · · · · · · · · · · · · · ·
10 KALLERIN			
Signature	Drala Prest C :	ByORIGINA	
Signature R. L. Wright Dist Printed Name	. Drlg. & Prod. Supt.	. 	ILLIAMS
	. Drlg. & Prod. Supt. Tide (915) 682-6822	. 	

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.

All sections of this form must be filled out for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
Separate Form C-104 must be filed for each pool in multiply completed wells.