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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
Energy, Minerals and Natural Resources Department

RECEIVED

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

NOV 27 '90

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

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

O. C. D.
ARTESIA, OFFICE

I.

Operator Pogo Producing Company /	Well API No.
Address P. O. Box 10340 Midland, Texas 79702-7340	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" type="checkbox"/>	Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Federal 26	Well No. 1	Pool Name, Including Formation Livingston Ridge, Delaware	Kind of Lease State, <u>Federal</u> or Fee	Lease No. NM-62590
Location Unit Letter <u>A</u> : <u>610</u> Feet From The <u>North</u> Line and <u>510</u> Feet From The <u>East</u> Line Section <u>26</u> Township <u>22-S</u> Range <u>31-E</u> , <u>NMPM</u> , <u>Eddy</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Enron Oil Trading	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1188, Houston, Texas 77252					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Texaco Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 730, Hobbs, New Mexico 88240					
If well produces oil or liquids, give location of tanks.	Unit <u>A</u>	Sec. <u>26</u>	Twp. <u>22S</u>	Rge. <u>31E</u>	Is gas actually connected? Yes	When? October 1, 1990

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input checked="" type="checkbox"/>	Same Res'v <input checked="" type="checkbox"/>	Diff Res'v <input type="checkbox"/>
Date Spudded 5/30/90	Date Compl. Ready to Prod. 11/10/90 (new zone)		Total Depth 8415'		P.B.T.D. 8150'			
Elevations (DF, RKB, RT, GR, etc.) 3592 GR; 3610 RKB	Name of Producing Formation Delaware-Brushy Canyon		Top Oil/Gas Pay 7053'		Tubing Depth 7083'			
Perforations 7053-7071 72 holes					Depth Casing Shoe 8415			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8"		850		900 sxs - circ 250 sxs			
11	8-5/8"		4,447		1280 sxs - circ 5 sxs			
7-7/8"	5-1/2"		8,415		1220 sxs - stg tool @			
	2-7/8" N-80 6.5 EUE		7,083		6180			

V. 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 Tank 11/10/90	Date of Test 11/15/90	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs.	Tubing Pressure On Pump	Casing Pressure n/a	Choke Size n/a
Actual Prod. During Test 237 bbls total fluid	Oil - Bbls. 110 - 42.5 API GR	Water - Bbls. 127	Gas - MCF 44 GOR = 400

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

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

Signature
Richard L. Wright Dist. Drlg. & Prod. Supt.
Printed Name
11/26/90 915/682-6822
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved NOV 30 1990

By ORIGINAL SIGNED BY
DAKE WILLIAMS
Title SUPERVISOR, DISTRICT II

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.