

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

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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

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

39255

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

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 checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input 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 23	Well No. 1	Pool Name, Including Formation Livingston Ridge Delaware	Kind of Lease State, (Federal) or Fee	Lease No. NM-62589
Location Unit Letter P : 660 Feet From The South Line and 660 Feet From The East Line Section 23 Township 22-South Range 31-East, NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil EOT Energy Operating LP <input checked="" type="checkbox"/> Effective 1-1-94	Name of Authorized Transporter of Casinghead Gas Texaco Inc. <input checked="" type="checkbox"/> Effective 1-1-93	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1188, Houston, Texas 77252
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 P	Sec. 23
	Twp. 22S	Rge. 31E
	Is gas actually connected? No	When? ASAP

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 XX	Gas Well	New Well XX	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 6/22/90	Date Compl. Ready to Prod. 8/03/90		Total Depth 8420'		P.B.T.D. 8360'			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation Brushy Canyon, Delaware		Top Oil/Gas Pay 3090' Oil		Tubing Depth 3223'			
Perforations					Depth Casing Shoe			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8"	845'	800 sx - circ 210 sxs
11"	8-5/8"	4394'	1340 sx - circ 250 sxs
5-1/2"	5-1/2"	8420'	1240 sx - stg tool @ 6200
	2-7/8" N-80 6.5 EUE Tbg	8223'	

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 8-03-90	Date of Test 8-25-90	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs.	Tubing Pressure On Pump	Casing Pressure 25	Choke Size Pumper
Actual Prod. During Test 55 BO	Oil - Bbls. 55 BO	Water - Bbls. 138	Gas - MCF 66 (1200 GOR)

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, 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 R. L. Wright
R. L. Wright Dist. Drlg. & Prod. Supt
Printed Name Title
9/06/90 915/682-6822
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved SEP 18 1990

By ORIGINAL SIGNED BY
MIKE 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.