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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

RECEIVED

AUG 12 1991

O. C. D.
ARTESIA OFFICE

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Pogo Producing Company	Well API No. 30-015-26400
Address P. O. Box 10340, Midland, TX 79702	
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. 3	Pool Name, Including Formation Livingston Ridge, Delaware	Kind of Lease State, Federal or Fee ====	Lease No. NM 62589
Location				
Unit Letter H : 2310 Feet From The North Line and 660 Feet From The East Line				
Section 23 Township 22S Range 31E, NMPM, Eddy 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, TX 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, NM 88240				
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 23	Twp. 22S	Rge. 31E	Is gas actually connected? When? yes 8-5-91

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	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 7-5-91	Date Compl. Ready to Prod. 8-5-91		Total Depth 8409		P.B.T.D. 8362			
Elevations (DF, RKB, RT, GR, etc.) 3538.7 GR	Name of Producing Formation Delaware, "Brushy Canyon"		Top Oil/Gas Pay 6973		Tubing Depth 7007			
Perforations 6973-6993					Depth Casing Shoe 8409			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2	13 3/8"		837		950 sks-circ 345 sks			
11	8 5/8"		4258		2450 sks-circ 400 sks			
7 7/8	5 1/2"		8409		1505 sks stg tool @ 6205			
	2 7/8"		7007					

V. TEST DATA AND REQUEST FOR ALLOWABLE

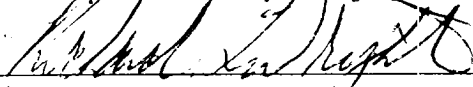
OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)			
Date First New Oil Run To Tank 7-31-91	Date of Test 8-9-91	Producing Method (Flow, pump, gas lift, etc.) pumping	
Length of Test 24 hrs	Tubing Pressure 70	Casing Pressure 40	Choke Size Post ID-2 8-23-91 comp & BH
Actual Prod. During Test 161	Oil - Bbls. 116	Water - Bbls. 45	Gas - MCF 78

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 Div. Operations Super.
Printed Name Title
8/8/91 (915)682-6822
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved AUG 16 1991

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.