Submit 5 Copies Appropriate District Office DISTRICT | 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

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

OIL CONSERVATION DIVISION

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

) (C);

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 8741	0				exico 6/3		481	Q. C. D.			
	REQ					AUTHORI					
perator		IOTH	ANSP	OH I OIL	- AND NA	TURAL G		API No.			
Pogo Producing Company 🗸							""	30-015 -26 639			
ddress		T		70700	7040		1				
P.O. BOX 10340 Pason(s) for Filing (Check proper box		and, T	exas	79702-				- 			
ew Well	,	Change	in Transpo	orter of:		et (Please expl	•		. ,		
ecompletion	Oil		Dry Ga		۲۱ ۲	ogo respi	ectruity	y requests	to ch	ange	
nange in Operator	Casingho	ad Gas			T	ranspuru	er or Ca	asinghead effective	laas tr	011	
change of operator give name			<u> </u>		1	chaco co	LIGHU	errective	09-01-	92.	
address of previous operator					·····						
DESCRIPTION OF WEL	L AND LE										
Neff Federal		2			ing Formation Ridge	Delaware		of Lease Federal or Fee	NM-2	ease No.	
cation		<u> </u>	177.	90 0011		Doranare			1117-2.		
Unit LetterE	:	1650	_ Feet Fr	rom The	lorth Lin	e and 330	·	eet From The	est	Lir	
6		226									
Section 25 Town	ahip dink	223	Range	3	31E , N	MPM,		<u> </u>	ddy	County	
. DESIGNATION OF TRA	NSPORTI	ER OF C	DIL AN	D NATU	RAL GAS						
me of Authorized Transporter of Oil		or Conde				e address to wi	hich approved	l copy of this form	is to be se	nı)	
ame of Authorized Transporter of Casinghead Gas (XX) or Dry Gas											
Llano, Inc.	anghead Gas	ghead Gas XX or Dry Gas			Address (Give address to which approved 921 W. Sanger, Hobbs			l copy of this form is to be sent)			
well produces oil or liquids,	Unit	Sec.	Twp.	Rge.			New Mexico 38240			-240	
e location of tanks.	i	i	1	1,000			i when	i when t			
his production is commingled with th	at from any ot	her lease o	r pool, giv	e comming	ling order num	ber:					
. COMPLETION DATA		louv			1	ı 		·····			
Designate Type of Completic	n - (X)	Oil We 	11 (Gas Well	New Well	Workover	Deepen	Plug Back Sai	me Res'v	Diff Res's	
te Spudded	Date Corr	ipl. Ready	to Prod.		Total Depth	l		P.B.T.D.		.1	
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation					To- Oli/Coo D						
VAUGUS (Dr., KAB, KI, GK, EIC.)	Name of I	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth		
forations									Depth Casing Shoe		
·····											
TUBING, CASING					CEMENTI						
HOLE SIZE	CA	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
	_										
TEST DATA AND REQUI					·						
L WELL (Test must be after te First New Oil Run To Tank	Date of Te	otal volume	of load o	il and must	be equal to or	exceed top allo	owable for thi	s depih or be for f	ill 24 how	5.)	
	Date of 16	C 34.			Froducing Mi	thod (Flow, pu	ump, gas iyi, i	eic.)			
ngth of Test	st Tubing Pressure				Casing Press.	re		Choke Size	Choke Size		
		Oil - Bbls.				Water - Bbis.					
tual Prod. During Test	Oil - Bbls.								Gas- MCF		
AS WELL					l						
AS WELL tual Prod. Test - MCF/D	enoth of	Test			DNA Card	mia A M ICT		[P			
·· -	O	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate		
sting Method (pitot, back pr.) Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)			Choke Size			
. OPERATOR CERTIFI				ICE		NI 00t	IOED:	ATION			
I hereby certify that the rules and reg Division have been complied with an	ulations of the	Oil Conse	rvation		(JIL CON	12FHA	ATION DI	VISIO	N	
is true and complete to the best of m	y knowledge a	amation given	ven above					11	_		
	1 /		1	_	Date	Approve	d <u>ի</u> և	V - 6 199	2		
Millen	/2/	left									
Signature Richard L. Wright Div. Oper. Mgr.					By ORIGINAL SIGNED BY						
Printed Name Title					Mike Williams Title SUPERVISOR, DISTRICT 19						
November 2, 19)92 (915)68	2-682		IIIIe	<u> 301</u>	בה יוסטא	, DISTRICT			
₽ alti		T_t	enhone N	^	t i						

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.