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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

## State of New Mexico Energy, Minerals and Natural Resources Department

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

O F. S. ARTESI: OFFIC

DISTRICT III 1000 Rio Brazos Rd., Azlec, NM 87410	REQUEST FO					ARTESI+ O	FAC:		
	TO TRANSPORT OIL AND NATURAL GAS					Well API No.			
Operator Pogo Producing	Pogo Producing Company √					30-015-26681			
Address	Company v			<del> </del>	1	22000			
P. O. Box 1034	O, Midland, Tex	kas 79702-						<del></del>	
Reason(s) for Filing (Check proper box)				t (Please explain					
Vew Well	· · · · · · · · · · · · · · · · · · ·	Fransporter of:		approxim					
	_	Dry Gas		ted in Ur					
Change in Operator L. Change of operator give name	Casinghead Gas:	Condensate		uction fatruction.		es are pr	esenci	y unuer	
nd address of previous operator				truction.			<del></del>		
I. DESCRIPTION OF WELL	AND LEASE						1 1.	ase No.	
Lease Name	<b>Well No.</b>   5	Pool Name, Including Livings ton		Delaware		of Lease Federal or Fee	NM-6		
Federal 23		Livingscon	Kruge	DeTaware	<u>-1</u>				
Unit LetterA	. 660	Feet From The	North Line	and510	Fe	et From The	East	Line	
				_	٠ ـا ـا ـا			C	
Section 23 Towns	1ip 22-S	Range 31-E	, NM	IPM,	ddy			County	
II. DESIGNATION OF TRA	NSPORTER OF O	L AND NATU	RAL GAS					<del></del>	
me of Authorized Transporter of Oil XX or Condensate			Address (Give address to which approved copy of this form is to be sent) P. O. Box 1188, Houston, Texas 77252						
Enron Oil Trading			1					••)	
Name of Authorized Transporter of Casi	nghead Gas 🔯	or Dry Gas		e address to which					
Texaco Inc.	Unit Sec.		ls gas actually		When		J <u>002</u> 4	<u> </u>	
If well produces oil or liquids, jve location of tanks.	Unit   Sec.     P   23	22S   31E	no		1	by 5-10-9	91		
this production is commingled with the			L						
V. COMPLETION DATA						<u> </u>	<del>\</del>	bin n di a	
Designate Type of Completion	Oi  Well n - (X)   χ	Gas Well	New Well	Workover	Deepen	Plug Back S	ame Kes v	Diff Res'y	
Date Spudded	Date Compl. Ready to	Prod.	Total Depth			P.B.T.D.	2021		
3-19-91	4-19-91	8439'			83931				
Elevations (DF, RKB, RT, GR, etc.)	i	Name of Producing Formation  Delaware-Brushy Canyon		Top Oil/Gas Pay 7002-7017'			Tubing Depth 6950'		
3537.7 GR	De laware-Bru	7002-7017			Depth Casing Shoe				
7002-7017'						1 -	439'		
7002-7017	TUBING.	CASING AND	CEMENTIN	NG RECORD	)	· <u>·</u>			
HOLE SIZE	CASING & TU			DEPTH SET			ACKS CEM		
17-1/2"	13-3/8" - 54	.5#	850'			1025 sk			
11"	8-5/8" - 24		4365'					<u>500_sks</u>	
7-7/8"		.5# & 17#	8439			1st stg			
	2-7/8" tub	<u>ng</u>	6950'					stg 560	
V. TEST DATA AND REQUI OIL WELL (Test must be after	r recovery of lotal volume	ABLE of load oil and must	he equal to or	exceed ton allow	vable for the	sks – t is depth or be fo	OOI @ C rfull 24 hou	12UO rs.)	
Date First New Oil Run To Tank	Date of Test	oy loca on Graz mass.	Producing Me	ethod (Flow, pun	ıp, gas lift,	ekc.)			
4-20-91	4-25-91		Flowing	g					
Length of Test	Tubing Pressure	Tubing Pressure		Casing Pressure			Choke Size		
24 hrs	190 PSI	190 PSI		550 Water - Bbls.			18/64"		
Actual Prod During Test	Oil - Bbls.					Gas- MCF			
	180	180		80			143 GOR 794/1		
GAS WELL									
Actual Prod. Test - MCF/D	Length of Test	Length of Test		Bbis. Condensate/MMCF			Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)			Choke Size		
VI. OPERATOR CERTIF	CATE OF COME	PLIANCE				A TION 5	> 11 (1 O 1 O		
I hereby certify that the rules and re	gulations of the Oil Conser	vation		OIL CON	SERV			JΝ	
Division have been complied with and that the information given above is true and complete to the yest of my knowledge and belief.			Date	Approved	1	APR 3	1991		
Toland	Kaller H	, 5		, ,		SIGNED BY			
Signature Richard L. Wright	Div. Oper.	Supervisor	∥ By_		KE WILL		·		
Printed Name	<del></del>	Title	Title	60		วล, DISTRI	CTIF		
4 20 01	/ O1 E \	602 6022	H HUB						

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.

Separate Form C.104 must be filed for each pool in multiply completed wells

Telephone No.