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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

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

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

Operator Pogo Producing Company	Well API No. 30 015 26742
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 12	Well No. 1	Pool Name, Including Formation Livingston Ridge, Delaware	Kind of Lease State, Federal or Fee =====	Lease No. NM 29233
Location Unit Letter <u>M</u> : <u>660</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>West</u> Line Section <u>12</u> Township <u>22 S</u> Range <u>31 E</u> , NMPM, <u>Eddy</u> County				

EOTT Energy Operating LP

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or <input 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, TX 77252	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	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 Sec. Twp. Rge. <u>M</u> <u>12</u> <u>T22-S</u> <u>R31-E</u>	Is gas actually connected? <u>no</u> When ? once right of way is obtained from BLM

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 6-18-91	Date Compl. Ready to Prod. 7-17-91	Total Depth 8439	P.B.T.D. 8392					
Elevations (DF, RKB, RT, GR, etc.) 3576.8 GR	Name of Producing Formation Delaware, Brushy Canyon	Top Oil/Gas Pay 7042	Tubing Depth 7104					
Perforations 7042-74 (65 holes)	Brushy Canyon, Delaware		Depth Casing Shoe 8392					

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2	13 3/8"	828	950 sks-circ 122 sks
11	8 5/8"	4325	1900 sks-circ 580 sks
7 7/8	5 1/2	8439 stg tool	6197 1st stg 870 sks
	2 7/8	7006	2nd stg 532 sks-TOC 5765

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 7-17-91	Date of Test 8-4-91	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs	Tubing Pressure 70	Casing Pressure 30	Choke Size
Actual Prod. During Test 259 bbl	Oil - Bbls. 198	Water - Bbls. 61	Gas - MCF 128

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
8-7-91 (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.