Submit 5 Copies
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

RECEIVED See Instructions at Bottom of Page

## **OIL CONSERVATION DIVISION**

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DEC 1 9 1991

O. C. D. DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION ARTESIA OFFICE TO TRANSPORT OIL AND NATURAL GAS Well API No. Operator 30-015-26775 Pogo Producing Company Address 79702-7340 P.O. Box 10340, Midland, Texas Other (Please explain) INGHEAD GAS MUST NOT BE Reason(s) for Filing (Check proper box)
New Well Change in Transporter of Dry Gas FLARED AFTER Z 36 62 Oil Recompletion Casinghead Gas Condensate UNLESS AN EXCEPTION FROM Change in Operator If change of operator give name and address of previous operator THE B. L. M. IJ OBTAINED II. DESCRIPTION OF WELL AND LEASE Lease No. Kind of Lease Well No. Pool Name, Including Formation Lease Name State, Federal or Fee NM-12845 Livingston Ridge, Delaware Federal 1 Location Feet From The South Line and West 2310 Line Range 31 East Eddy Township 22 South , NMPM, III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil or Condensate P.O. Box 1188, Houston, Texas Enron Oil Trading Address (Give address to which approved copy of this form is to be sent)
P.O. BOX 730, HODDS, New Mexico 88240 Name of Authorized Transporter of Casinghead Gas X or Dry Gas Texaco, Inc. When? If well produces oil or liquids, give location of tanks. Is gas actually connected? Twp. 22S Unit Rge. Pipeline Right-of-Way W.O. 31E 1 Κ If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Plug Back Same Res'v Diff Res'v New Well | Workover Deepen Gas Well Oil Well Designate Type of Completion - (X) Х Total Depth PRTD. Date Spudded Date Compl. Ready to Prod 8441' 84801 12-15-91 11-15-91 Top Oil/Gas Pay Name of Producing Formation Elevations (DF, RKB, RT, GR, etc.) Tubing Depth 6961' 7051' Delaware (Brushy Can) 3568.6 GR Depth Casing Shoe Perforations 8480' (55' - 110 holes) 7051'-7106' TUBING, CASING AND CEMENTING RECORD SACKS CEMENT CASING & TUBING SIZE DEPTH SET HOLE SIZE 1025 sx-circ 83 sx 800' 13-3/8" 17-1/2" <u>8-5/8"</u> 1575 sx-TOC @ 75 11" 4250' Stg Tool @ 6192 1st Stg.-715 sx-circ150 2nd Stg.-620 sx-5-1/2" 8480' 7-7/8" 2-7/8"
V. TEST DATA AND REQUEST FOR ALLOWABLE 6961 TOC 2170' CBL (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 h. OIL WELL Date of Test 12-16-91 Producing Method (Flow, pump, gas lift, etc.)
Flowing Date First New Oil Run To Tank 12-10-91 Casing Pressure Length of Test Tubing Pressure 28/64 405 110 24 hrs. Gas- MCF Water - Bbls. Actual Prod. During Test Oil - Bbls 126 86 200 286 GAS WELL Gravity of Condensate Bbls Condensate/MMCF Actual Prod. Test - MCF/D Length of Test Choke Size Casing Pressure (Shut-in) Tubing Pressure (Shut-in) Testing Method (pitot, back pr.) VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above DEC 2 6 1991 is true and complete to the best of my knowledge and belief. Date Approved **ORIGINAL SIGNED BY** By .....

## INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Wright

Signature

Date

Printed Name

Richard L.

12-18-91

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Title\_

MIKE WILLIAMS

SUPERVISOR, DISTRICT IT

× + 1/2,2001

All sections of this form must be filled out for allowable on new and recompleted wells.

Oper.

(915)682-6822

Title

Supt.

- 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.

Div.