Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

Energy, Minerals and Natural Resources Department 46337

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

120 2 3 391 Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	REQ	UEST F	OR A	LLOWA	BLE AND	AUTHORI	ZATION	,	la garage			
I.	L AND NA	TURAL G										
Operator Pogo Producir	Pogo Producing Company								ell API No. 30-015-26775			
P.O. Box 1034	40, Mid	lland,	Texas	7970	2-7340							
Reason(s) for Filing (Check proper box)					Oth	er (Please;expl	ain)	GAS NU	T NOT I	25		
New Well		Change in	Transpo	orter of:						-		
Recompletion	Oil	<u></u>	Dry Ga	15 📙		$H^{1/2}$		1 4 3	6152	-		
Change in Operator	Casinghea	ad Gas 🔲	Conder	ssale 🔲					1.7.1			
If change of operator give name and address of previous operator							,					
II. DESCRIPTION OF WELL												
Lease Name Federal 1		Well No.			ing Formation	Delaware		Kind of Lease State, Federal or Fee N11-12		se No. RAS		
Location		<u> </u>	ILIVI	1193 0011	ividge,	Delaware			1111 120			
Unit Letter K	_ :23	310	_ Feet Fr	om The _S	outh Lin	e and	0 Fe	et From The	West	Line		
Section 1 Township	p 22 S	outh	Range	31 Ea	st .N	<mark>мрм,</mark> Edd	ly			County		
EOTT Energy Operating LP							· · · · · · · · · · · · · · · · · · ·					
III. D eistciva Hom of Tran	SPORTE	RAFO	IL AN	D NATU	RAL GAS				· ·····			
Name of Authorized Transporter of Oil	1 11				Address (Give address to which approved copy of this form is to be sent) P.O. Box 1188, Houston, Texas 77252							
Enron Oil Trading					P.O. Box 1188, Houston, Texas 77252 Address (Give address to which approved copy of this form is to be sent)							
Name of Authorized Transporter of Casinghead Gas X or Dry Gas Texaco, Inc.					P.O. Box 730, Hobbs, New Mexico 88240					ó		
If well produces oil or liquids, give location of tanks.	Unit K	Sec.	Twp. 22S	Rge.	ls gas actuali		When			t-of-Way		
If this production is commingled with that		L	L		<u> </u>	· -						
IV. COMPLETION DATA	nom Lay oz		poor, gr	C CONDINING	ing older hall				1			
		Oil Well		Jas Well	New Well	Workover	Deepen	Plug Back S	arne Res'v	Diff Res'v		
Designate Type of Completion	- (X)	į X	İ		X	j	i i	İ	j			
Date Spudded	1	pl. Ready to			Total Depth			P.B.T.D.				
11-15-91	12-15-91				8480'			8441'				
Elevations (DF, RKB, RT, GR, etc.)		Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
3568.6 GR Delaware (Brushy Can)					7051'			6961 Depth Casing Shoe				
7051'-7106'	(55' -	· 110 h	oles))				Copul Casing .	8480'			
· .					CEMENTI	NG RECOR	D					
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT				
17-1/2"	13-3/8"			800'			1025 sx-circ 83 sx					
11"	1	8-5/8"			4250'			1575 sx-TOC @ 75'				
	7-7/8" 5-1/2"				8480' Stg Tool @ 6192							
70		2-7/8"				6961'			-620 sx-			
7. TEST DATA AND REQUEST FOR ALLOWABLE				-				TOC 2170				
OIL WELL (Test must be after re	1		of load o	il and must					full 24 hours.)		
Date First New Oil Run To Tank 12-10-91	Date of Test 12-16-91				Producing Method (Flow, pump, gas lift, et Flowing							
Length of Test 24 hrs.	Tubing Pressure 110				Casing Pressure 405			Choke Size	3/64"			
					,			Gas- MCF				
Actual Prod. During Test 286	Oil - Bbls. 200			Water - Bbls. 86			126					
	<u> </u>				<u> </u>			l				
GAS WELL Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate				
Testing Method (pitot, back pr.)	Tubing Pre	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
	<u> </u>					· · · · · · · · · · · · · · · · · · ·		<u> </u>				
VI. OPERATOR CERTIFICA			_	CE			OEDV	TIONED				
I hereby certify that the rules and regulations of the Oil Conservation					'	OIL CONSERVATION DIVISION						
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.								DEC 2 \$ 1991				
b/1			,		Date	Approved	b	SEO & 0	1221			
Tral And a	1/1/	SA	_				0.00					
Signature					By ORIGINAL SIGNED BY							
Richard L. Wright Div. Oper. Supt.						MIKE WILLIAMS						
Printed Name Title 12-18-91 (915)682-6822						Title SUPERVISOR, DISTRICT IT.						
Date 12-13-91			phone No					man ya maga sanan				

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.