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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

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

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

RECEIVED

SEP 23 1991

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

O. C. D.
ARTESIA OFFICE

Operator Pogo Producing Company ✓	Well API No. 30-015-26776
Address P.O. Box 10340, Midland, Texas 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 10	Well No. 2	Pool Name, Including Formation East Loving, Delaware	Kind of Lease State, Federal or Fee	Lease No. NM 15433
Location				
Unit Letter C	: 890	Feet From The North	Line and 1880'	Feet From The West
Section 10	Township 23 South	Range 28 East	NMPM, Eddy	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1188, Houston, Texas 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) 921 Sanger, Hobbs, New Mexico 88240-4917			
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 10	Twps. 23S	Rge. 28E
Is gas actually connected?	When?		August 31, 1991	

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 June 30, 1991	Date Compl. Ready to Prod. August 17, 1991		Total Depth 6370'		P.B.T.D. 6323'			
Elevations (DF, RKB, RT, GR, etc.) 3021.4 GR	Name of Producing Formation Delaware, Brushy Canyon		Top Oil/Gas Pay 6104'		Tubing Depth 6058'			
Perforations 6146'-6160' 25 Pf 29 holes 6104'-6124' 25 Pf 41 holes					Depth Casing Shoe 6370'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"		557		385 sks-circ. 133 sks			
7-7/8"	5-1/2"		6370-stg tool @ 3202 -		1st stg-675 sks-circ. 125			
	2-7/8"		6058		2nd stg-859 sks-circ. 105			

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 August 7, 1991	Date of Test August 27, 1991	Producing Method (Flow, pump, gas lift, etc.) Pump-2-1/2" X 2" X 26' HT DV	
Length of Test 24	Tubing Pressure 35	Casing Pressure 25	Choke Size N/A
Actual Prod. During Test	Oil - Bbls. 20	Water - Bbls. 325	Gas - MCF 17 MCFD

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. Opr. Supv.
Printed Name _____ Title _____
Date September 19, 1991 (915)682-6822
Telephone No. _____

OIL CONSERVATION DIVISION

Date Approved SEP 24 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 multiple completion.