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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

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

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

46337 ?

I.

Operator Pogo Producing Company	Well API No. 30-015-26829
Address P.O. Box 10340, Midland, TX 79702-7340	
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

CONFIDENTIAL

II. DESCRIPTION OF WELL AND LEASE

Lease Name Federal "1"	Well No. 3	Pool Name, Including Formation Lost Tank, Delaware	Kind of Lease State, Federal or Fee	Lease No. NM-12845
Location Unit Letter I : 2310 Feet From The South Line and 990. Feet From The East Line Section 1 Township 22-S Range 31-E, NMPM, Eddy County				

EOFF Energy Operating LP

III. DESCRIPTION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> Enron Oil Trading	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"/> Texaco Inc., Hobbs	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. Is gas actually connected? When?
K 1 22S 31E	Yes 4-17-92

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 3-18-92	Date Compl. Ready to Prod. 4-7-92	Total Depth 8555'		P.B.T.D. 8516'				
Elevations (DF, RKB, RT, GR, etc.) 3589.6 GR	Name of Producing Formation Delaware	Top Oil/Gas Pay 7121'		Tubing Depth 7050'				
Perforations 7121-7139'				Depth Casing Shoe 8555'				
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
17 1/2"	13 3/8"	805'		900 sks-circ 200 sks				
11"	8 5/8"	4335'		1800 sks-circ 350 sks				
7 7/8"	5 1/2"	8555'		1135 sks-TOC 2100' CBI				
	2 7/8"	7050'						

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 4-10-92	Date of Test 4-18-92	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs.	Tubing Pressure 50	Casing Pressure 50	Choke Size None
Actual Prod. During Test	Oil - Bbls. 132	Water - Bbls. 215	Gas - MCF 52

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
Richard L. Wright, Div. Oper. Supt.

Printed Name 4-21-92 Title 915-682-6822

Date Telephone No.

OIL CONSERVATION DIVISION

APR 23 1992

Date Approved

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.