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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

See Instructions
See Instructions
AR 2 9 1992 at Bottom of Page

DISTRICT II		OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088				HAR 20	1997 at 80	ttom of Page	
P.O. Drawer DD, Artesia, NM 88210						O. C. O.			
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87	410						,	227	
I.	REQUEST FO					l	46	)フ/	
Operator	IO IHAN	NSPORT O	IL AND NA	TUHAL		API No.			
Pogo Porducing Company					""	30-015-26843			
Address	10240 14:17 1				· · · · · · · · · · · · · · · · · · ·				
Reason(s) for Filing (Check proper be	10340, Midland,	Texas 79	702-7340						
New Well	•	nasporter of:	☐ Od	her (Please exp	lain)	era, ny manana	. سسی مراسو د		
Recompletion		ory Gas				• • • • • •			
Change in Operator	Casinghead Gas 🔲 C	ondennate [					و الموسط الم		
If change of operator give name and address of previous operator									
II. DESCRIPTION OF WEI	LL AND LEASE	Last 7							
Lease Name	Well No. P	ool Name, Inclu	ding Formation			of Lease	<del></del>	Lease No.	
Federal 1	4	<del>Livingst</del>	<del>on Ridge</del>	, Delawa	re State	, Federal or Fe	e NM−	12845	
Location	. 2310 =		Cauth				• • •		
Unit Letter	:F	eet From The	South Lin	e and660	F	eet From The	<u>West</u>	Li1	
Section 1 Town	nship 22 South R	ange 31 Ea	ast , <b>n</b>	мрм, Eddy	y			County	
TT Energy Operating of TR.  IIIE DESTGNATION OF TR.  Name of Authorized Wassporter of Oi Enron Oil Trading	ANCROPTED OF OU	43773 314 677							
Name of Authorized Pransporter of Oi	ANSPORTERANCIL	AND NATU	JRAL GAS	e address to w	hich approve	l come of this	form in to be		
Enron Oil Trading	Effectiv	e 1-1-93	P.O. E	30x 1188	. Housto	n. Texa	s 7725	eni)	
Name of Authorized Transporter of Ca	asinghead Gas X or	Dry Gas	Address (Giv	e address to w	hich approved	d copy of this form is to be sent)			
Texaco, Inc.  If well produces oil or liquids,	Unit Sec. Tv			30x 730			<u>xico 88</u>	3240	
give location of tanks.		P. Rge.	is gas actuall	y connected? es	When		11, 199	92	
If this production is commingled with the IV. COMPLETION DATA	nat from any other lease or poo	i, give comming	ling order numl	жг:					
Designate Time of Complete	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion  Date Spudded		<u> </u>	X		<u> </u>	İ	<u> </u>	_i	
02-12-92	Date Compl. Ready to Prod. 03-08-92		Total Depth 8450 '			P.B.T.D.	0/111		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Forms		Top Oil/Gas Pay		Tubing Des	8411'			
3556.2 GR	Delaware		7031'			Tubing Depth 7098			
7031'-7051',	2 spf, 120 deg	ree Phase	40 ho	les		Depth Casin	g Shoe 8450 '		
					<u> </u>	<u> </u>			
HOLE SIZE	CASING & TUBIN	CASING & TUBING SIZE		CEMENTING RECORD DEPTH SET			SACKS CEMENT		
17-1/2" 11"	13-3/8"			818'			1125sx-Circ 300 sx		
7-7/8"	8-5/8" 5-1/2"			42581			<u>-Circ 19</u>		
	2-7/8"		8450' EOT		·	1405sx-	-TOC 273	8 CBL	
V. TEST DATA AND REQUI	EST FOR ALLOWABI		I			i			
OIL WELL (Test must be after Date First New Oil Run To Tank	r recovery of total volume of lo	ad oil and must	be equal to or	exceed top allo	wable for this	depth or be f	or full 24 hou	rs.)	
03-08-92	Date of Test 03-17-92		Producing Met		np, gas lift, ei	(c.)			
ength of Test	Tubing Pressure	<del></del>		Pumping Casing Pressure			Choke Size		
24 hrs.	250	250		150			20/64 (in csg)		
Actual Prod. During Test	Oil - Bbls.		Water - Bbis.	_		Gas- MCF		<del></del>	
CAC WELL	404	404		169			138		
GAS WELL Actual Prod. Test - MCF/D	Length of Test	·			<del></del>				
			Bbis. Condensate/MMCF			Gravity of Condensate			
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)		Choke Size			
I. OPERATOR CERTIFIC I hereby certify that the rules and regr	ulada a como	_	0	IL CON	SERVA	TION			
Division have been complied with and is true and complete to the best of my	that the information given about the the information given about the information given given about the information given about the information given about the information given given about the information given g	ove		Approved				'IN	
is fielded	risk		Date					<del></del>	
Signature Richard L. Wrigh	nt Div 0		Ву	O: 	RIGINAL	SIGNED E	3Y ':		
Printed Name	ht Div. Oper Tide			Si	IPERVISO	interij NP nio⊤r	107 10		
March 19, 1992	TitleSUPERVISOR, DISTRICT IN								
Date	(915)682-		1						

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

Telephone No.

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.