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O. C. D.
ARTESIA, OFFICE

Submit 5 Copies
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

38778

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator	Well API No.
Pogo Producing Company	30-015-26854
Address P.O. Box 10340, Midland, Texas 79702-7340	

Reason(s) for Filing (Check proper box)
New Well [X] Change in Transporter of:
Recompletion [ ] Oil [ ] Dry Gas [ ]
Change in Operator [ ] Casinghead Gas [ ] Condensate [ ]
Other (Please explain) [ ]

If change of operator give name and address of previous operator _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease State, Federal or Fee	Lease No.
Federal 26	5	Linginston Ridge, Delaware		NM-62590

Location
Unit Letter B : 330 Feet From The North Line and 2230 Feet From The East Line
Section 26 Township 22 South Range 31 East, NMPM, Eddy County

EOTT Energy Operating LP

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate	Address (Give address to which approved copy of this form is to be sent)
Enron Oil Trading [X] EOTT Energy Corp.	P.O. Box 1188, Houston, Texas 77252
Name of Authorized Transporter of Casinghead Gas Effective 1-1-93	Address (Give address to which approved copy of this form is to be sent)
Texaco Inc.	P.O. Box 730, Hobbs, New Mexico 88240

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When ?
	A	26	22S	31E	Yes	01-08-92

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
	X		X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
12-03-91	01-08-92	8475'	8436'
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
3571.5' GR	Delaware, Brushy Cyn	7024'	7075'
Perforations			**Depth Casing Shoe**
7024'-7044', 2 JSPF, 20', 40 holes			8475'

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8"	820'	1025 sx, Circ 250 sx
11"	8-5/8"	4335'	1675 sx, Circ 426 sx
7-7/8"	5-1/2"	8475'	1st Stg-700 sx, Circ 237 sx
			2nd Stg-730 sx, TOC @ 2346'- CBL
			DV Tool @ 6216'

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
01-10-92	01-13-92	Pump	
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
24 hrs.	30	50	
Actual Prod. During Test	**Oil - Bbls.**	**Water - Bbls.**	**Gas - MCF**
184	107	77	35

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DIST. 2

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	**Tubing Pressure (Shut-in)**	**Casing Pressure (Shut-in)**	**Choke Size**

ROUTE TO:

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.

Richard L. Wright
Signature
Richard L. Wright Div. Oper. Supt.
Printed Name Title
Jan. 16, 1992 (915)682-6822
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved JAN 23 1992

By ORIGINAL SIGNED BY MIKE WILLIAMS SUPERVISOR, DISTRICT II

Title _____

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.