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State of New Mexico Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

FEB 2 4 1992

RECEIVED

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

DISTRICT II P.O. Drawer DD, Astesia, NM 88210

P.O. Box 2088 Santa Fe, New Mexico 87504-2088 O. C. D.

DISTRICTIII			
1000 Rio Brazo	Rd., Aztec, NM	87410	550

1000 Rio Brazos Rd., Aztec, NM 87410			LE AND AUTHORIZA			
Operator	10 THA	NSPORTOIL	AND NATURAL GAS	Well API No.		
Pogo Producing	Company .	LUMFIU	ENTIAL	30-015-2	30-015-26858	
P.O. Box 10340	, Midland, T	exas 79702	-7340			
Reason(s) for Filing (Check proper box) New Well	Change in	Transporter of:	Other (Please explain)			
<u> </u>		Dry Gas				
Recompletion ————————————————————————————————————		Condensate				
f change of operator give name						
nd address of previous operator						
I. DESCRIPTION OF WELL A	AND LEASE					
Lease Name Federal 12		Pool Name, Includit Livingstor	ng Formation Ridge, Delaware	Kind of Lease State, Federal or Fee	Lease No. NM-29233	
Location			1000		No a t	
Unit LetterN			outh Line and 1980	Feet From The	West Line	
Section 12 Township	, 22 South	Range 31 Eas	st , _{NMPM} , Eddy		County	
III. DESIGNATION OF TRANS			RAL GAS		- in to be sout)	
Name of Authorized Transporter of Oil	e Conden	sate	Address (Give address to which P.O. Box 1188, H		77252	
Enron Oil Trading Name of Authorized Transporter of Casing	thergy Ope	erating LP				
Texaco, Inc.			Address (Give address to which approved copy of this form is to be sent) P.O. Box 730, Hobbs, New Mexico 88240 Is an actually connected? When ?			
If well produces oil or liquids, give location of tanks.	Unit Sec.	Twp. Rge. 22S 31E	Is gas actually connected?		24, 1992	
f this production is commingled with that f V. COMPLETION DATA	from any other lease or p	pool, give commingli	ng order number:			
Designate Type of Completion	Oil Well	Gas Well	New Well Workover X	Deepen Plug Back S	arne Res'v Diff Res'v	
	Date Compl. Ready to	Prod	Total Depth	P.B.T.D.		
Date Spudded 01-19-92	02-14-92	riou	8515'		479'	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Fo	omation	Top Oil/Gas Pay	Tubing Depth		
Elevations (DF, KAB, K1, GK, Elc.)	_				5935'	
Delaware, Brushy Canyot				Depth Casing Shoe		
6980'-6997'	34 holes, 12 0	l degree pha	se	[]	3515'	
	TUBING,	CASING AND	CEMENTING RECORD			
HOLE SIZE	CASING & TU		DEPTH SET		CKS CEMENT	
17-1/2"		13-3/8" 804			1025 sx-Circ.	
11"	8-5/		4335		1575 sx-Circ.	
7-7/8"	5-1/		8515' 1655-TOC 1350'		. 1330	
V. TEST DATA AND REQUES	2-7/		6935'	<u> </u>		
V. 1ESI DATA AND REQUES) I FUR ALLUW?	ADLE of load oil and must	be equal to or exceed top allow	able for this depth or be for	r full 24 hours.)	
OIL WELL (Test must be after re Date First New Oil Run To Tank	T	oj toda ou ana musi	Producing Method (Flow, pump	eas lift, etc.)		
02-14-92	Date of Test Producing Method (Flow, pum Producing Method					
Length of Test	Tubing Pressure	<u> </u>	Casing Pressure	Choke Size	Choke Size	
24 hrs.	19	90	495		2/64	
Actual Prod. During Test	Oil - Bbls.		Water - Bbls. 55	Gas- MCF	Gas- MCF 142	
GAS WELL						
Actual Prod. Test - MCF/D	Length of Test		Bbls. Condensate/MMCF	Gravity of Co	ndensate	
				•		
Testing Method (pilot, back pr.)	Tubing Pressure (Shut	t-in)	Casing Pressure (Shut-in)	Choke Size		
VI. OPERATOR CERTIFIC I hereby certify that the rules and regul			OIL CONS	SERVATION D	DIVISION	
Division have been complied with and that the information given above is true and complete to the best of my/knowledge and belief.		Date Approved FEB 2 8 1992				
fulled xinter	4th		D. ORIGIN	IAL SIGNED BY		
Signature Richard L. Wright Div. Oper. Supt.		By MIKE WILLIAMS SUPERVISOR, DISTRICT II				
Feb. 21. 1992	`_``	Title 82-6822	Title		· year	
Date	Tek	ephone No.				

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.