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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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Pogo Producing Company		Well API No. 30-015-26866
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 26	Well No. 4	Pool Name, Including Formation Livingston Ridge, Delaware	Kind of Lease State, Federal or Fee	Lease No. NM-62590
Location Unit Letter <u>d</u> : <u>600</u> Feet From The <u>North</u> Line and <u>330</u> Feet From The <u>West</u> Line Section <u>26</u> Township <u>22 South</u> Range <u>31 East</u> , NMPM, <u>Eddy</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Enron Oil Trading <input checked="" type="checkbox"/> EOT Energy Corp.	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 Texaco, Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 730, Hobbs, New Mexico 88240					
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 26	Twp. 22S	Rge. 31E	Is gas actually connected? Yes	When? 12-02-91

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 X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 10-24-91	Date Compl. Ready to Prod. 11-27-91		Total Depth 3350'		P.B.T.D. 3311'			
Elevations (DF, RKB, RT, GR, etc.) 3541.2'	Name of Producing Formation Delaware		Top Oil/Gas Pay 8194'		Tubing Depth 8280'			
Perforations 3194'-8254' 2spf 120 holes - 41" Diameter					Depth Casing Shoe 8350'			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8" 54.5#	330': 1025 sx-circ 490 sx	
11"	8-5/8" 32# & 24#	4325': 1625 sx-circ 227 sx	
7-7/8"	5-1/2" 15.5# & 17#	8350': 1450 sx-Stg. too 1 @ 6194' circ 206 sx	
	2-7/8"	TOC 3184'	CBL

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 12-04-91	Date of Test 12-08-91	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs.	Tubing Pressure 100	Casing Pressure 50	Choke Size N/A
Actual Prod. During Test	Oil - Bbls. 157	Water - Bbls. 238	Gas - MCF 85 MCF 541/1 GOR

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. Oper. Supv.
Printed Name December 9, 1991 Title (915)632-6822
Date December 9, 1991 Telephone No. (915)632-6822

OIL CONSERVATION DIVISION
DEC 26 1991

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.