

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

RECEIVED
JAN 27 1992
Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

CSF
WT
GT
OP

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

Operator Pogo Producing Company ✓	Well API No. 30-015-26894
Address P.O. Box 10340, Midland, Texas 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 _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name State 2	Well No. 1	Pool Name, Including Formation Undesignated, Delaware	Kind of Lease State, Federal or Fee	Lease No. LH-1523
Location Unit Letter P : 330 Feet From The South Line and 330 Feet From The East Line Section 2 Township 22 South Range 31 East , NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Enron Oil Trading	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 <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> 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 I	Sec. 2	Twp. 22S	Rge. 31E
Is gas actually connected?		When ? Waiting on Pipeline Right-of-Way Approval by BLM		

If this production is commingled with that from any other lease or pool, give commingling order number: 2-8-92

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 12-15-91	Date Compl. Ready to Prod. 01-19-92		Total Depth 8440'		P.B.T.D. 8401'			
Elevations (DF, RKB, RT, GR, etc.) 3545.8' GR	Name of Producing Formation Delaware, Brushy Cany.		Top Oil/Gas Pay 6992'		Tubing Depth 7043'			
Perforations 6992'-7016'					Depth Casing Shoe 8440'			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8"	819'	1025 sx-Circ 390 sx
12-1/4"	8-5/8"	4265'	2600 sx-Circ 400 sx
7-7/8"	5-1/2"	8440' 1st Stg	620 sx-Circ 76 sx
		DV Tool @ 5796' 2nd Stg	860 sx-TOC 1795' 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 01-19-92	Date of Test 01-22-92	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure 50#	Casing Pressure 0	Choke Size Camp & BK
Actual Prod. During Test 301	Oil - Bbls. 156	Water - Bbls. 145	Gas- MCF 89 GOR 570:1

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. Supt.
Printed Name January 24, 1992 Title (915)682-6822
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved JAN 31 1992

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.