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Submit 5 Copies Appropriate District Office DISTRICT I		ew Mexico ural Resources Department	RECEIVED	Form C-104 Revised 1-1-89 See Instructions	
P.O. Box 1980, Hobbs, NM 88240 <u>DISTRICT II</u> P.O. Drawer DD, Artesia, NM 88210	OIL CONSERVA P.O. B	ATION DIVISION	MAR 1 2 1992	at Bottom of Page	
		exico 87504-2088	O. C. D.		
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM \$7410	REQUEST FOR ALLOWAR	BLE AND AUTHORIZA AND NATURAL GAS	FION		
I. Operator		AND NATURAL GAS	Well API No.		
Pogo Producing	Company		30-01	5-26909	
Address P.O. Box 10340, Midland, Texas 79702-7340					
Reason(s) for Filing (Check proper box)		Other (Please explain)		· · · ·	
New Well	Change in Transporter of: Oil Dry Gas	Change in Transporter of: Nil Dry Gas			
Recompletion	Casinghead Gas Condensate		CONFIDEN		
If change of operator give name		······································	en en ne terre.	· · · ·	
and address of previous operator					
II. DESCRIPTION OF WELL AND LEASE Just aug. Lease Name Well No. Pool Name, Including Formation Kind of Lease No.					
Federal 1		Ridge , Delaware	State, Federal or Fee	NM-12845	
Location Unit LetterM	:990 Feet From The Sc	outh Line and 990	Feet From The	estLine	
Section 1 Township	p 22 South Range 31 Ea	st , NMPM, Eddy		County	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS					
Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which a			
Enron Oil Trading		P.O. Box 1188, Ho	and the second secon		
Name of Authorized Transporter of Casinghead Gas X or Dry Gas Address (Give address to which approved copy of this form is to be set Texaco, Inc. P.O. Box 730, Hobbs, New Mexico 882					
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	When ?	0 00240	
give location of tanks.	K 1 22S 31E	Yes	March	5, 1992	
	from any other lease or pool, give comming!	ing order number:			
IV. COMPLETION DATA	Oil Well Gas Well	New Well Workover I	Deepen Plug Back Sar	ne Res'v Diff Res'v	
Designate Type of Completion		X		İ	
Date Spudded January 28, 1992	Date Compl. Ready to Prod. February 29, 1992	Total Depth 8485 '	P.B.T.D .	447'	
Elevations (DF, RKB, RT, GR, etc.) 3553.6 GR	Name of Producing Formation Delaware, Brushy Cany.	Top Oil/Gas Pay 7042 '	Tubing Depth 7	100'	
Perforations 7042'-7034' 2 spf		Depth Casing Shoe 8485 '			
	TUBING, CASING AND	CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET			
17-1/2"	13-3/8"	838'		Circ 200 sx	
11"	<u>8-5/3"</u> 5-1/2"	<u>4269'</u> 8485'		Circ 208 sx TOC 2120 CBI	
7-7/8"	2-7/8" tbq.	7100'	1305_SX-		
V. TEST DATA AND REQUEST FOR ALLOWABLE					
	recovery of total volume of load oil and must			ull 24 hours.)	
Date First New Oil Run To Tank February 21, 1992	Date of Test March 4, 1992	Producing Method (Flow, pump, Pumping	gas lyt, etc.)	4-3-91	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	Comp & Bl	
24 hours	250	50		/A	
Actual Prod. During Test	Oil - Bbls.	Water - Bbis.	Gas- MCF	FF	
	303	99		55]	
GAS WELL	Length of Test	Bbls. Condensate/MMCF	Gravity of Cond	lensate	
Actual Proc. Test - MICPID		Buik. Condensation of Ci			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION				VISION	
I hereby certify that the rules and regul Division have been complied with and					
is true and complete to the best of my	Date ApprovedMAR 2 6 1992				
Mila 1 SA	Minta Minta				
Signature	ward i	By ORIGINAL SIGNED BY			
<u> </u>	Div. Oper. Supt.	MIKE WILLIAMS SUPERVISOR, DISTRICT II			
Printed Name March 9, 1992	Title (915)682-6822	Title	Title		
Date	Telephone No.	· · · · · · · · · · · · · · · · · · ·			

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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.