

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator	Pogo Producing Company	Well API No.	30-015-26909
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	Federal 1	Well No.	5	Pool Name, Including Formation	Livingston Ridge, Delaware	Kind of Lease	State, Federal or Fee	Lease No.	NM-12845
Location									
Unit Letter	M	:	990	Feet From The	South	Line and	990	Feet From The	West
Section	1	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	<input checked="" 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"/> 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	Sec.	Twp.	Rge.	Is gas actually connected?	When?	
	K	1	22S	31E	Yes	March 5, 1992	

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	January 28, 1992	Date Compl. Ready to Prod.	February 29, 1992	Total Depth	8485'	P.B.T.D.	8447'	
Elevations (DF, RKB, RT, GR, etc.)	3553.6 GR	Name of Producing Formation	Delaware, Brushy Cany.	Top Oil/Gas Pay	7042'	Tubing Depth	7100'	
Perforations	7042'-7034' 2 spf					Depth Casing Shoe	8485'	
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17-1/2"	13-3/8"	838'	1025 sx-Circ 200 sx					
11"	8-5/8"	4269'	1825 sx-Circ 208 sx					
7-7/8"	5-1/2"	3485'	1365 sx-T00 2120 CBI					
	2-7/8" tbg.	7100'						

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	February 21, 1992	Date of Test	March 4, 1992	Producing Method (Flow, pump, gas lift, etc.)	Pumping
Length of Test	24 hours	Tubing Pressure	250	Casing Pressure	50
Actual Prod. During Test		Oil - Bbls.	303	Water - Bbls.	99
				Gas - MCF	155

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 March 9, 1992 Title (915)682-6822
Date March 9, 1992 Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAR 26 1992

By ORIGINAL SIGNED BY

MIKE WILLIAMS

Title SUPERVISOR, DISTRICT III

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.