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State of New Mexico Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION P.O. Box 2088

O. C. D.

HISTRICT NI		21	knta pe,	New M	exico 8/:	004-2088	4 8	ILMS VEH	K.		
000 Rio Brazos Rd., Aztec, NM 87410						AUTHORI					
) Perator		TO TRA	ANSPC	)RT OII	LAND NA	ATURAL G		XW No.			
Pogo Producing Comp	"			Well API No. 30-015-26932							
ddress	ally /					<del> </del>	30	7-013-20	932		
P.O. Box 10340, Mid	land, T	X 7970	2-7340	)							
teason(s) for Filing (Chack proper box)	<del></del>	<del></del> -	<del>-</del>			thet (Please expl	ain)	C action to the	The Marie 1978 1978	-	
lew Well 🕍		Change is	Transport	ier of:			ł	CUNCI	DENT		
ecompletion	Oil	L L	Dry Gas	-			1	CONFI	IIFNII	AI 3	
hange in Operator change of operator give name	Casinghee	d (7ms	Condens	<u>**• LJ</u>			; ======	No.			
d address of previous operator					<del></del>	<del></del>					
. DESCRIPTION OF WELL	AND LE		· • · · · · · · · · · · · · · · · · · ·								
Federal 23		Well No.			ng Formation			of Lease Federal or Fee	.   -	ease No.	
ocation		2:	<u> LIVII</u>	igs ton	Klage,	<u>Delaware</u>			<u> </u>	1-62589	
Unit Letter I	. 175	0'	Fr. 4 F		outh	ee and660		et From The _	Fast		
Old Letter			_ rea rio	# ING	L	PE 200	r	et Pom Inc _	Lust	Line	
Section 23 Townshi	<u>22-</u>	<u>South</u>	Rongo	31-Ea	ast .N	мрм,	Ec	ldy		County	
I DECICNATION OF TRAN	ichante				DAT (346	•					
I. DESIGNATION OF TRAN  lette of Authorized Transporter of Oil	XX	or Conde		NAIU			ich approved	copy of this fo	rm is to be s	ent)	
Enron Oil Irading	<b>1</b> 1				Address (Give address to which approved copy of this form is to be sent)  P.O. Box 1188, Houston, TX 77252					,	
ome of Authorized Transporter of Casin	ghead Gas	XX	or Dry G		Address (G	ive address to wi	tick approved	copy of this fo	orm is to be so	ent)	
Texaco, Inc. Hobbs	<del></del> -					Box 730					
well produces oil or liquids, re location of tanks.	Unit	<b>S</b> (16.	7 22S	Rge.		ly connected?	When		=		
			L		<u> </u>	Yes		4-22-96			
this production is comminged with that  V. COMPLETION DATA	rom any om	et licase of	pool, give	commings	ing order sun	nber:					
	<del></del>	Oil Well	Q.	w Well	New Well	Workover	Doepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion		XX	L		New Well XXX	<u> </u>	İ			_i	
Pate Spadded 3-28-92	Date Comp	ni.  Ready to -16-92			Total Depth	3430'		P.B.T.D.	8384'		
levations (DF, RKB, RT, GR, etc.)		Name of Producing Formation				Top Oil/Gas Pay					
3553.8 Delaware					7000'			Tubing Depth 6949 '			
erforations	.l. <u></u> .							Depth Casin	Shoe		
7000-7020', 40 hole	S								8430'		
	T	UBING,	CASIN	G AND	CEMENT	ING RECOR	D				
HOLE SIZE	CAS	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
17,,1/2"	13 3/8"				828'			1000 sks-circ 250			
7 7/8"	8 5/8"				4279'			1700 sks-circ 50 1400 sks-TOC 1250 CBL			
7 7/8	<del> </del>	5 1/2"				5949'		1400 S	<u>(S=10C_1</u>	250_CBL	
. TEST DATA AND REQUES	T FOR A	LLOW	ABLE		L			I			
IL WELL (Test must be after r				and must	be equal to o	r exceed top allo	mable for thi	depth or be f	or full 24 hou	es.)	
toto First New Oil Run To Tank	Date of Tes		<u> </u>			lethod (Flow, pu			PATI	0-2	
4-19-92	4-24-92			Pumping			5-22-52				
ength of Test	Tubing Presiure			Casing Pressure			Choke Size comp of BR				
24 hrs	50			50			None Gas- McF				
ctual Prod. During Test	<b>Oil - Bbia.</b> 77				Water - Bbls.						
	1					.77		59			
GAS WELL  setual Prod. Test - MCF/D	Leagth of	Fair			18CL 7:22			Tomas is a			
ACTUMITY TONE - MICHAIN	। स्वा			Bbls. Condensate/MIMCF			Gravity of Condensate				
seting Method (pitot, back pr.)	Tubing Pre	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size		
	1.	• • •	•			•					
I. OPERATOR CERTIFIC				CE		OIL CON	ISERV	ATION I	DIVISIO	ON .	
I hereby certify that the rules and regul Division have been complied with and	that the infor	mation give								<del>-</del>	
is true and complete to the best of my i				ĺ	Det	a Annrovo	ا م	MAY 11	1992		

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Signature Richard L. Wright

**Printed Name** 

4-27-92

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

By.

Title.

Date Approved .

ORIGINAL SIGNED BY

SUPERVISOR, DISTRICT II

MIKE WILLIAMS

2) All sections of this form must be filled out for allowable on new and recompleted wells.

Div Oper. Supvr.

915-682-6822 Telephone No.

Title

3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.