

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

39255

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

214

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Pogo Producing Company	Well API No. 30-015-26932
Address P.O. Box 10340, Midland, TX 79702-7340	
Reason(s) for Filing (Check proper box) 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"/>	
Other (Please explain) <input type="checkbox"/>	

If change of operator give name
and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name Federal 23	Well No. 2	Pool Name, including Formation Livingston Ridge, Delaware	Kind of Lease State, Federal or Fee	Lease No. NM-62589
Location Unit Letter I : 1750' Feet From The South Line and 660' Feet From The East Line Section 23 Township 22-South Range 31-East, NMPM, Eddy County				

EOIT Energy Operating LP

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Enron Oil Trading	or Condensate EOIT Energy Corp.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1188, Houston, TX 77252
Name of Authorized Transporter of Casinghead Gas Texaco, Inc. Hobbs	Effective Date 1-1-93	Address (Give address to which approved copy of this form is to be sent) P.O. Box 730, Hobbs, NM 88240
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 23
	Twp. 22S	Rge. 31E
	Is gas actually connected? Yes	When? 4-22-92

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 XX	Gas Well	New Well XXX	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 3-28-92	Date Compl. Ready to Prod. 4-16-92	Total Depth 8430'	P.B.T.D. 8384'				
Elevations (DF, RKB, RT, GR, etc.) 3553.8	Name of Producing Formation Delaware	Top Oil/Gas Pay 7000'	Tubing Depth 6949'				
Perforations 7000-7020', 40 holes			Depth Casing Shoe 8430'				
TUBING, CASING AND CEMENTING RECORD							
HOLE SIZE 17 1/2"	CASING & TUBING SIZE 13 3/8"	DEPTH SET 828'	SACKS CEMENT 1000 sks-circ 250				
11"	8 5/8"	4279'	1700 sks-circ 50				
7 7/8"	5 1/2"	6949'	1400 sks-TOC 1250 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 4-19-92	Date of Test 4-24-92	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs	Tubing Pressure 50	Casing Pressure 50	Choke Size None
Actual Prod. During Test	Oil - Bbls. 77	Water - Bbls. 177	Gas - MCF 59

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. Supvr.
Printed Name
4-27-92 Title
Date
915-682-6822 Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAY 11 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.