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State of New Mexico
Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Submit 5 Copies Office
Proprietary Div
STRICTLY CONFIDENTIAL
O. Box 19
Hobbs, NM 88240
P.O. Box
Artesia, NM 88210
P.O. Box
Aztec, NM 87410

Pogo Producing Company

Well API No.

30-015-26941

P.O. Box 10340, Midland, Texas 79702-7340

Reason(s) for Filing (Check proper box)

☐ Other (Please explain)

New Well

☒

Change in Transporter of:

Recompletion

☐

Oil

☐ Dry Gas

☐

Change in Operator

☐

Casinghead Gas

☐ Condensate

☐

Change of operator give name
and address of previous operator

CONFIDENTIAL

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease State, Federal or Fee	Lease No.
Federal 26	7	Livingston Ridge, Delaware		NM-62590
Location	Unit Letter	Feet From The	Line and	Feet From The
	F	1980	North	1980
			Line and	West
				Line
Section	26	Township	22 South	Range
			31 East	NMPM
				Eddy
				County

EOTT Energy Operating LP

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	<input checked="" type="checkbox"/> or Condensate	Address (Give address to which approved copy of this form is to be sent)
Enron Oil Trading		P.O. Box 1188, Houston, Texas 77252
Name of Authorized Transporter of Casinghead Gas	<input checked="" type="checkbox"/> Effective 1-1-93	Address (Give address to which approved copy of this form is to be sent)
Texaco Inc.		P.O. Box 730, Hobbs, New Mexico 88240
Well produces oil or liquids, or location of tanks.	Unit	Sec.
	A	26
		Twp.
		22S
		Rge.
		31E
Is gas actually connected?	When?	
Yes	May 17, 1992	

This production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
4-01-92	5-15-92	8400'	8354'					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3531.1 G.R.	Delaware	6960'	6968'					
Formations		Depth Casing Shoe						
6960'-6986' (26') 52 holes		8400'						

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8"	815	1000 sx-circ 175 sx
11"	8-5/8"	4265	1600 sx-circ 210 sx
7-7/8"	5-1/2"	8400 - Stg tool @ 6199	1st stg 700 sx-circ 150 sx
			2nd stg 615 sx-TOC 1708

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.)

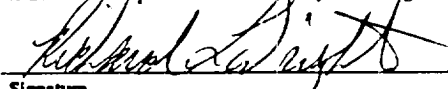
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
05-15-92	05-19-92	Pumping
Length of Test	Tubing Pressure	Casing Pressure
24 hours	50	50
Prod. During Test	Oil - Bbls.	Water - Bbls.
	165	89
		70

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

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 June 2, 1992 (915)682-6822

Date Telephone No.

OIL CONSERVATION DIVISION

ROUTE 104

Date Approved JUN 1-9-1992

By ORIGINAL SIGNED BY
MIKE WILLIAMS
SUPERVISOR, DISTRICT II

Title

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

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- Separate Form C-104 must be filed for each pool in multiply completed wells.