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Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico  
Energy, Minerals and Natural Resources Department

46404 LTH

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

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

**OIL CONSERVATION DIVISION**  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

**REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS**

Operator Pogo Producing Company	Well API No. 30-015-26942
Address P.O. Box 10340, Midland, TX 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 \_\_\_\_\_

**CONFIDENTIAL**

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name Federal 12	Well No. 8	Pool Name, including Formation Livingston Ridge, Delaware	Kind of Lease State, Federal or Fee	Lease No. NM-29233
Location Unit Letter <u>C</u> : <u>330'</u> Feet From The <u>North</u> Line and <u>1650'</u> Feet From The <u>West</u> Line Section <u>12</u> Township <u>22-South</u> Range <u>31-East</u> , <u>NMPM</u> , <u>Eddy</u> County				

EOTT Energy Operating LP

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or <input type="checkbox"/> <b>EOTT Energy Corp</b>	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"/> or <input type="checkbox"/> <b>Effective 1-1-93</b>	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   Sec.   Twp.   Rge.   Is gas actually connected?   When?
	E   12   22S   31E   Yes   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 XX	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 03-27-92	Date Compl. Ready to Prod. 04-16-92	Total Depth 8,510'		P.B.T.D. 8463'				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation Delaware	Top Oil/Gas Pay 7039'		Tubing Depth 6987'				
Perforations 7039-7093'				Depth Casing Shoe 8510'				
<b>TUBING, CASING AND CEMENTING RECORD</b>								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13 3/8"		835'		1000 sks-circ 270 sks			
11"	8 5/8"		4300'		2350 sks-circ 168 sks			
7 7/8"	5 1/2"		8510'		1530 sks-TOC 2000'			

**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 04-18-92	Date of Test 04-23-92	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. 201	Water - Bbls. 66	Gas - MCF 162

**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.

*Richard L. Wright*  
Signature  
Richard L. Wright Div. Oper. Supv  
Printed Name  
4-24-92 Title  
915-682-6822  
Date Telephone No.

**OIL CONSERVATION DIVISION**

Date Approved MAY 8 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.