

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

RECEIVED  
 JUN 25 1992  
 O. C. D.  
 DISTRICT OFFICE

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 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. 30-015-26988
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	

**CONFIDENTIAL**

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name Federal "1"	Well No. 7	Pool Name, including Formation Lost Tank, Delaware	Kind of Lease State, Federal or Fee	Lease No. NM-12845
Location Unit Letter 0 : 990 Feet From The South Line and 2310 Feet From The East Line Section 1 Township 22 South Range 31 East, NMPM, Eddy County				

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

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input 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"/> or Dry Gas <input 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 K	Sec. 1	Twp. 22S	Rge. 31E
Is gas actually connected?	When ?		06-06-92	

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 05-16-92	Date Compl. Ready to Prod. 06-04-92	Total Depth 8530'	P.B.T.D. 8492'					
Elevations (DF, RKB, RT, GR, etc.) 3584.2 GR	Name of Producing Formation Delaware	Top Oil/Gas Pay 8351'	Tubing Depth 8308'					
Perforations 8351'-8392' 2 spf	Depth Casing Shoe 8530'							

**TUBING, CASING AND CEMENTING RECORD**

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8"	820'	985 sx-circ 200 sx
11"	8-5/8"	4300'	1675 sx-circ 250 sx
7-7/8"	5-1/2"	8530'	1st stg 600 sx-circ 110 2nd stg 650 sx-TOC 2150

**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 06-10-92	Date of Test 06-17-92	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs.	Tubing Pressure 150	Casing Pressure 50	Choke Size N/A
Actual Prod. During Test	Oil - Bbls. 19	Water - Bbls. 232	Gas- MCF 61

**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 Div. Oper. Supt.  
 Signature *Richard L. Wright*  
 Printed Name June 22, 1992 Title (915)682-6822  
 Date Telephone No.

**OIL CONSERVATION DIVISION**

Date Approved JUL 25 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.