

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

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) New Well <input checked="" type="checkbox"/> <input type="checkbox"/> Other (Please explain) Recompletion <input type="checkbox"/> Change in Transporter of: Change in Operator <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator	

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				

EOFF Energy Operating LP

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Enron Oil Trading <input checked="" type="checkbox"/>	EOFF Energy Corp. Effective 1-1-93	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 Texaco, Inc. <input checked="" type="checkbox"/>	or Dry Gas <input type="checkbox"/>	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? Yes	
		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 X	Gas Well	New Well X	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.

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

OIL CONSERVATION DIVISION

Date Approved JUL 26 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.