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Appropriate District Office
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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

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

NOV 16 1992

O. C. D.
ARTESIA

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up

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

Operator Pogo Producing Company	Well API No. 30-015-27162
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 Amax 24 Federal	Well No. 8	Pool Name, Including Formation Ingle Wells, Delaware	Kind of Lease State, Federal or Fee	Lease No. NM-40655
Location Unit Letter <u>L</u> : <u>2160</u> Feet From The <u>South</u> Line and <u>330</u> Feet From The <u>West</u> Line Section <u>24</u> Township <u>23 South</u> Range <u>31 East</u> , <u>NMPM</u> , <u>Eddy</u> 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"/> GPM Gas Corporation	Address (Give address to which approved copy of this form is to be sent) 4001 E. 42nd Street, Odessa, Texas 79762			
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 24	Twp. 23S	Rge. 31E
Is gas actually connected?	Yes		When?	November 13, 1992

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 10-10-92	Date Compl. Ready to Prod. 11-06-92		Total Depth 8520'		P.B.T.D. 8437'			
Elevations (DF, RKB, RT, GR, etc.) 3491.2' GR	Name of Producing Formation Delaware		Top Oil/Gas Pay 8188'		Tubing Depth 8298'			
Perforations 8188'-8263', 150 holes					Depth Casing Shoe 8520'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8"		800'		1025 sx-Circ 580 sx			
11"	8-5/8"		4323'		1800 sx-Circ 500 sx			
7-7/8"	5-1/2"		8520'		1655 sx-Circ 223 sx			

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 11-07-92	Date of Test 11-10-92	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hours	Tubing Pressure 350	Casing Pressure 1200	Choke Size 24/64" comp @ BK
Actual Prod. During Test	Oil - Bbls. 422	Water - Bbls. 130	Gas- MCF 437

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.

Barrett L. Smith
Signature
Barrett L. Smith Sr. Oper. Engineer
Printed Name
November 10, 1992 (915)682-6822
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved NOV 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.