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Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

59978 Form C-104 Revised 1-1-89

DISTRICT II

OIL CONSERVATION DIVISION

Page	
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P.O. Drawer DD, Artesia, NM 88210		P.O. Box 2088 Santa Fe, New Mexico 87504-2088				RECEIVED LI				
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87	410					, NOV 1 6 1992				
I.	REQUEST	FOR ALLOV				S J V J	- 0 1992			
Operator	1011	RANSPORT	OIL AND NA	ATURAL GA		O,	C.D.			
Pogo Produci	ng Company. 🗸				Well	API NATE : 30-0	15-2716	2		
Address P.O. Box 103	40, Midland,	Tevas 707	02-7340		1					
Reason(s) for Filing (Check proper b				5	A A	California de la compansión de la compan	2. Stellman areas	maner - ESEC. S		
New Well		in Transporter of:		her (Please expla	in)	CUNICI	DENT	IAL 🟌		
Recompletion		Dry Gas				GUNTIDENIIAL				
Change in Operator	Casinghead Gas	Condensate			Ĺ,	LONG SANCTON	na.com.	لنتينسدي		
If change of operator give name and address of previous operator										
II. DESCRIPTION OF WE	LL AND LEASE									
Lease Name	Well N	o. Pool Name, In	cluding Formation	4023	Kind	of Lease	Le	ease No.		
Amax 24 Fede	ral 8	Ingle	Wells, Del	aware	State	Federal or Fee				
Location	. 2160		South	220						
Unit Letter	:	Feet From The	Journ Lin	se and330.	F	eet From The	West	Line		
Section 24 Tow	nship 23 South	Range	31 East ,N	мрм, Eddy	/			County		
Theregy Operating LP	ANGRODEN OF							County		
III ETHESIANATION OF TR Name of Authorized Transporter of O	ANSPORTER OF	OIL AND NA	TURAL GAS		 			·		
Enron Oil Trading	(YY) FOLLE	nergy Corp	Address (Gir	oe address to whi BOX 1188,	ch approved Housto	copy of this for	m is to be sen	ਧ)		
Name of Authorized Transporter of Ca	uinghead Gas Effect	:₩₿.Ы,Ы.93	Address (Gir	e address to whi	hanne	learn of this for	77252	1		
GPM::Gas Comporation	<u> </u>	,	4001	42nd St	reet	Odessa	m is to be sen To vovet : 7	и) 70762		
If well produces oil or liquids,	Unit Sec.	Twp. I	ge. Is gas actual	y connected?	When	? iii	C/3-1	79702 -		
give location of tanks.	L 24	235 31	.E	Ýes		Novem	e 33,	1992		
f this production is commingled with t	nat from any other lease o	r pool, give comm	ningling order num	ber:			2			
IV. COMPLETION DATA						ESE.				
Designate Type of Completion	Oil We			Workover	Deepen	Plug Back S	ame Res'v	Diff Res'v		
Date Spudded	Date Compl. Ready		X			<u> ₹54</u>		1		
10-10-92		6-92	Total Depth	05001		P.B.T.D				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas	8520 ¹ Top Oil/Gas Pay			≥ 384 👪 '			
3491.2' GR		Delaware			8188'			Tubing Depth		
Perforations				0100		Depth Casing	8298 ' Shoe	 -		
8188'-8263', 150							85201			
LIOLE OIZE	TUBINO	, CASING AN	ID CEMENTI			,				
HOLE SIZE 17-1/2"		UBING SIZE		DEPTH SET		SACKS CEMENT				
11"		3-3/8" 8-5/8"		800'		1025 sx-Circ 580 sx				
7-7/8"		5-1/2"	_	4323			1800 sx-Circ 500 sx 1655 sx-Circ 223 sx			
		J-1/2		8520'		1055 SX-	Circ 22	3 sx		
V. TEST DATA AND REQU	EST FOR ALLOW	ABLE	1			<u> </u>				
	r recovery of total volume		usi be equal to or	exceed top allow	able for this	denth or he for	full 24 hours	.)		
Date First New Oil Run To Tank	Date of Test		Producing Me	thod (Flow, pury	, gas lift, e	(c.)	<u> </u>	·/		
11-07-92	11-10	0-92	Flowin	g	-					
ength of Test	Tubing Pressure		Casing Pressu	Casing Pressure			Choke Size			
24 hours	·	350		1200			24/64"			
Actual Prod. During Test	1	Oil - Bbls.		Water - Bbls.		Gas- MCF				
	40	22	130				437			
GAS WELL										
Actual Prod. Test - MCF/D	Length of Test		Bbls. Condens	ate/MMCF		Gravity of Con	densate			
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)		Casing Process	Caring Practites (Chart in)						
· · · · · · · · · · · · · · · · · · ·			Casing Fressu	Casing Pressure (Shut-in)			Choke Size			
I. OPERATOR CERTIFI	CATE OF COM	PLIANCE								
I hereby certify that the rules and reg	ulations of the Oil Conse	rvation		IL CONS	ERVA	ת מסודי	NISION	J		
Division have been complied with an	d that the information give	en above			,			•		
is true and complete to the best of m	knowledge and belief.		Doto	Annrous		NNV	2 5 1993	2		
B ull	$\cdot / \cdot $		Date	Approved						
Idanut I Am	NK			Apid Opid	SINAL S	IGNED BY				
Signature Barrett L. Smith	Sn Onen F	Sr. Oper. Engineer By ORIGINAL SIGNED BY								
Printed Name		II	SUPERVISOR DISTRICT !!							
November 10, 1992	(915)682-68	Title 322	Title_	301						
Date		ephone No.	11							
			U							

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, transpor

4) Separate Form C-104 must be filed for each pool in multiply completed wells.

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