nit 5 Copies opriate District Office RICT I Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

DISTRICT II P.O. Drawer DD, Antesia, NM 88210	P.O. Bo		- · - ·			O. C. D.			
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410						Consider a se	ra, e		
ī.	REQUEST FOR TO TRANS				AS				
Operator Pogo Produc			Well /	ali API No. 30-015-27219					
Address P.O. Box 10	0340, Midland, T	exas 79	702-7340						
Reason(s) for Filing (Check proper box)		_	Oth	et (Please explo	ain)				
New Well X Recompletion Change in Operator	Change in Tran Oil Dry Casinghead Gas Con				CO	NFIDE	NTI	AL!	
If change of operator give name and address of previous operator									
II. DESCRIPTION OF WELL									
Pure Gold "D" Fed	deral Well No. Poo	Name, Include and Dune:	ing Formation S West,	Delaware	Kind of State,	of Lease Federal or Fee		-40659	
Unit LetterN	:330Feed	From The	South Lin	e and16	50Fe	et From The	West	Line	
Section 28 Townshi	_{ip} 23 South _{Ran}	ge 31 Ea	ast , N	мрм, Edo	dy			County	
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil		ND NATU				- 			
EOTT Energy Corp.	or Condensate	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 Casin El Paso Natural Gas Co	rized Transporter of Casinghead Gas X or Dry Gas Natural Gas Company			Address (Give address to which approved copy of this form is to be sent) P.O. Box 1492, El Paso, Texas 79978					
If well produces oil or liquids, give location of tanks.	Unit Sec. Twr		le gas actuali		When				
If this production is commingled with that IV. COMPLETION DATA	from any other lease or pool,	give comming	ling order num	ber:					
Designate Type of Completion	- (X) Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back Sa	me Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.				
01/18/93 Elevations (DF, RKB, RT, GR, etc.)	02/10/93 Name of Producing Formation		8130 ' Top Oil/Gas Pay			8088 '			
3367.5' GR	Delaware			7886'		Tubing Depth 7820'			
Ferforations 7886'-7986' (.5" -	- 200 holes)	_			-	Depth Casing S	ihoe 8130'		
UOLE CITE	TUBING, CASING AND								
HOLE SIZE 17-1/2"	CASING & TUBING SIZE		DEPTH SET 570 T			SACKS CEMENT			
11"	8-5/8"		4078'			725 sx-Circ 200 sx 1600 sx-Circ 140 sx			
7-7/8"	5-1/2"		8130'		1600 sx-Circ 50 sx				
V. TEST DATA AND REQUES OIL WELL (Test must be after t			1			l			
Date First New Oil Run To Tank 02/12/93	Date of Test	u u ana must	Producing Me	ethod (Flow, pu			Pos	+10-3	
Length of Test	02/15/93 Tubing Pressure		Flowing Casing Pressure			Choke Size	<u> </u>	-5-93	
24 hours	870		1170			20/64"			
Actual Prod. During Test	Oil - Bbis. 697		Water - Bbis. 103		Gas- MCF 666				
GAS WELL Actual Prod. Test - MCF/D	Length of Test		Bbls. Condensate/MMCF			Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)		Choke Size				
VI. OPERATOR CERTIFIC 1 hereby certify that the rules and regul Division have been complied with and	lations of the Oil Conservation that the information given abo)		OIL CON	ISERV	ATION D	IVISIC	DN	
is true and complete to the best of my knowledge and belief.			Date	Approve	d F I	EB 2 6 19	93		
Signature	riger		By_		INAL SIG				
<u>Richard L. Wright</u>	Div. Oper. Mgr	iv. Oper. Mgr. MIKE WILLIAMS							
Printed Name 22, 1993	(915)682-6822 Title SUPERVISOR, DISTRICT IT								

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Date

- 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.

Telephone No.

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.