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

AUG 9 1993

State of New Mexico  
Energy, Minerals and Natural Resources Department

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

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

## OIL CONSERVATION DIVISION

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

CONFIDENTIAL

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Pogo Producing Company	Well API No. 30 015 27223
Address P. O. Box 10340, Midland, TX 79702	
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	

## II. DESCRIPTION OF WELL AND LEASE

Lease Name Calmon	Well No. 11	Pool Name, Including Formation Ingle Wells, Delaware	Kind of Lease State (Federal or Fee)	Lease No. NM 19199
Location Unit Letter <u>L</u> : <u>1650</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>West</u> Line Section <u>35</u> Township <u>23S</u> Range <u>31E</u> , NMPM, Eddy County				

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

Name of Authorized Transporter of Oil or Condensate EOTT Energy Corp. <input checked="" type="checkbox"/> EOTT Energy Operating LP	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1188, Houston, TX 77252	
Name of Authorized Transporter of Casinghead Gas Llano	Address (Give address to which approved copy of this form is to be sent) 921 Sanger, Hobbs, NM 88240-4917	
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 35
	Twp. 23S	Rge. 31E
	Is gas actually connected? Yes	When? 8/5/93

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 7/6/93	Date Compl. Ready to Prod. 7/30/93		Total Depth 8390'		P.B.T.D. 8342'			
Elevations (DF, RKB, RT, GR, etc.) 3501.1'	Name of Producing Formation Brushy Canyon		Top Oil/Gas Pay 8164'		Tubing Depth 8111'			
Perforations 8164' - 8222' (1 JHPF)					Depth Casing Shoe 8390'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13 3/8"		800'		1025 sx - circ 150 sx			
11"	8 5/8"		4300'		1600 sx - circ 150 sx			
7 7/8"	5 1/2"		8390'		1950 sx - circ 350 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 8/2/93	Date of Test 8/5/93	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 Hours	Tubing Pressure 270	Casing Pressure 400	Choke Size 28/64
Actual Prod. During Test	Oil - Bbls. 359	Water - Bbls. 244	Gas - MCF 443

## 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. Manager  
Printed Name August 6, 1993 (915) 682-6822  
Date August 6, 1993 Telephone No.

## OIL CONSERVATION DIVISION

AUG 27 1993

Date Approved

By MIKE WILLIAMS  
ORIGINAL SIGNED BY  
SUPERVISOR, DISTRICT II

Title

## 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.