Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088

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

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

DISTRICT III							ARTEMA CORP.			
1000 Rio Brazos Rd., Aziec, NM 87410 I.			· =	LE AND AUTHORIZ		part 1				
Operator Pogo Producing Compan				AND NATURAL GA	PI No. 30-015-27239					
Address P. O. Box 10340, Midla	and. Te:	xas 797	702-7340	(915) 682-6822		production becomes in the square	the publication of the country of	n i Agriado esta esta esta esta esta esta esta esta		
Reason(s) for Filing (Check proper box)				Other (Please expla	rin)	PONE	IDENIT	TAL		
New Well						CUNTIDENTIAL STREET				
If change of operator give name and address of previous operator										
II. DESCRIPTION OF WELL	AND LEA									
Location Location Location	Well to Tuesday shell			ls, Delaware Kinc		of Lease Lease No. Federal or Fee NM-43744				
Unit Letter H	: 2310	0	Feet From The No.	orth Line and 660	Fe	et From The	East	Line		
Section 34 Townshi	p 23-5	S	Range 31-	E , _{NMPM} , Edd	y			County		
III. DESIGNATION OF TRAN	SPORTE	R OF O								
Name of Authorized Transporter of Oil Enron Oil Trading		or Conden		Address (Give address to wh			()			
Name of Authorized Transporter of Casinghead Gas (XX) or Dry Gas [P.O. Box 1188, Houston, Texas 77252 Address (Give address to which approved copy of this form is to be sent)						
Liano, Inc. If well produces oil or liquids,	Unit Sec. Twp. Rge.			921 Sanger, He is gas actually connected?	w Mexico 88240-4917					
give location of tanks.	<u> </u>	34 j	23-S 31-E	Yes	i	1/11/9	3			
If this production is commingled with that IV. COMPLETION DATA	from any othe	er lease or p	oool, give commingli	ing order number:	·····					
Designate Type of Completion	- (X)	Oil Well	Gas Well	New Well Workover	Deepen	Plug Back S	me Res'v	Dill Res'v		
Date Spudded	Date Comp	l. Ready to		Total Depth	I	P.B.T.D.		i		
12/10/92 Elevations (DF, RKB, RT, GR, etc.)	01/06/93 Name of Producing Formation			8370 ¹ Top Oil/Gas Pay		8323 ¹ Tubing Depth				
3465.3' GR Delaware				8108'		8048'				
8108'-8177' (69')						Depth Casing 8				
HOLE SIZE				CEMENTING RECOR		1				
17-1/2"	CASING & TUBING SIZE		DEPTH SET 803 '			CKS CEME				
11"	8-5/8"		4250'		950 sx-Circ 200 sx 1650 sx-Circ 150 sx					
7-7/8"	5-1/2"			8370'		1580 sx-				
V. TEST DATA AND REQUES						<u> </u>	··	······································		
OIL WELL (Test must be after r Date First New Oil Run To Tank			of load oil and must	be equal to or exceed top allo						
1/07/93	Date of Tes			Producing Method (Flow, pu	ımp, gas lift, i	elc.)		TD-2		
Length of Test	1/11/93 Tubing Pressure			Flowing Casing Pressure		Choke Size	1-2	2-93 + BK		
24 Hours	240 PSI			400 PSI		24/64"				
Actual Prod. During Test Oil - 1		307		Water - Bbls. 124		Gas- MCF 322				
GAS WELL				127	·	1 322				
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				OIL CON	JOEDV	ATIONIC	IVICIO			
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above				OIL CONSERVATION DIVISION			'IN'			
is true and complete to the best of my	knowledge an	nd belief.	20070	Date Approve	ed	JAN 1 8	1993			
Interter 14	10_			D. ODIO	NINIAL OC	ALIEN				
Signature Richard L. Wright Div. Oper. Mgr.				By ORIGINAL SIGNED BY						
Printed Name Title				MIKE WILLIAMS Title SUPERVISOR, DISTRICT IF						
1/12/93 Date	(9		32-6833 phone No.	***************************************	·					
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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.