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DISTRICT II
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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

NOV 30 1993

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Pogo Producing Company	Well API No. 30-015-27268
Address P. O. Box 10340, Midland, TX 79701-7340	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	

If change of operator give name and address of previous operator

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II. DESCRIPTION OF WELL AND LEASE

Lease Name Sand Dunes 34 Federal	Well No. 4	Pool Name, Including Formation Ingle Wells Delaware	Kind of Lease State, Federal or Fee	Lease No. NM-43744
Location Unit Letter <u>I</u> : <u>1650</u> Feet From The <u>South</u> Line and <u>330</u> Feet From The <u>East</u> Line Section <u>34</u> Township <u>23S</u> Range <u>31E</u> , NMPM, <u>Eddy</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil EOTT Energy Corp	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, Inc.	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 <u>A</u> Sec. <u>34</u> Twp. <u>23S</u> Rge. <u>31E</u>
Is gas actually connected?	When ? Yes 11/25/93

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 10/21/93	Date Compl. Ready to Prod. 11/17/93	Total Depth 8380'	P.B.T.D. 8336'					
Elevations (DF, RKB, RT, GR, etc.) 3488.3' GR	Name of Producing Formation Brushy Canyon	Top Oil/Gas Pay 8092'	Tubing Depth					
Performations 8092' - 8196'			Depth Casing Shoe 8380'					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17-1/2"	13-3/8	802'	950 sx-circ 195 sx					
11"	8-5/8	4253'	1700 sx-circ 300 sx					
7-7/8"	5-1/2	8380'	1905 sx-circ 256 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 11/21/93	Date of Test 11/24/93	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs	Tubing Pressure ---	Casing Pressure ---	Choke Size ---
Actual Prod. During Test	Oil - Bbls. 236	Water - Bbls. 165	Gas - MCF 200

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, Division Operations Manager

Printed Name
NOV. 24, 1993 (915) 682-6822

Date
Telephone No.

OIL CONSERVATION DIVISION

Date Approved **DEC 15 1993**

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.