

Submit 3 Copies  
Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

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

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

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

CISF  
LT  
GT  
Op

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator POGO PRODUCING COMPANY	Well API No. 30-015-27327
Address P. O. Box 10340, Midland, Texas 79702-7340	
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> <input type="checkbox"/> Other (Please explain) Recompletion <input type="checkbox"/> Change in Transporter of: Change in Operator <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator	

CONFIDENTIAL

II. DESCRIPTION OF WELL AND LEASE

Lease Name NEL	Well No. 9	Pool Name, Including Formation East Loving, Delaware	Kind of Lease State, Federal or Fee	Lease No. NM-18038
Location Unit Letter G : 1980 Feet From The North Line and 1650 Feet From The East Line Section 9 Township 23 S Range 28 E , NMPM, Eddy 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 Continental Natural Gas	Address (Give address to which approved copy of this form is to be sent) P.O. Box 21470, Tulsa, OK 74121					
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 9	Twp. 23S	Rge. 28E	Is gas actually connected? No	When? Flare Permit Requested 4 MCF

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 3/19/93	Date Compl. Ready to Prod. 4/08/93		Total Depth 6300'		P.B.T.D. 5850'			
Elevations (DF, RKB, RT, GR, etc.) 3044.6' GR	Name of Producing Formation Cherry Canyon		Top Oil/Gas Pay 3665'		Tubing Depth 3622'			
Perforations 3665-3693' Cherry Canyon					Depth Casing Shoe 6300'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 11"	CASING & TUBING SIZE 8-5/8"		DEPTH SET 565'		SACKS CEMENT 550 sx, circ 175 sx			
7-7/8"	5-1/2"		6300'		1680 sx, circ 160 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 5/31/93	Date of Test 6/18/93	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs	Tubing Pressure	Casing Pressure	Choke Size comp + BK
Actual Prod. During Test	Oil - Bbls. 10	Water - Bbls. 282	Gas - MCF 4

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  
June 28, 1993

Title  
915/682-6822

Date  
Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUL 23 1993

By ORIGINAL SIGNED BY  
MIKE WILLIAMS  
Title SUPERVISOR, DISTRICT II

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.