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Submit 5 Copies Appropriate District Office DISTRICT I P.O. Box 1980, Hobbs, NM 88240			/inerals	and Nat		ces Departme		<b>e</b> ctively	Form C-104 Revised 1-1-89 See Instructions at Bottom of Pag	- -+
DISTRICT II P.O. Drawer DD, Antesia, NM 88210 DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410		Sa	nta Fe,	P.O. B New M	ox 2088 exico 875	DIVISIO 04-2088 AUTHORIZ		L 2 8 1993		e
I. Operator POGO PRODUCING COMPAN Address	IY /	TOTRA	NSPC	DRT OIL	AND NA	TURAL GA	١S	API No.	5-27347	
P. O. BOX 10340, Midl Reason(s) for Filing (Check proper box) New Well Recompletion Change in Operator I change of operator give name and address of previous operator	Oil	Change in		ter of:	Ado	er <i>(Please expla</i> 1 additio tural gas	nal tr	ansporter	of	
I. DESCRIPTION OF WELL	AND LE	ASE			•					
Lease Name Pure Gold "D" Federa	1	Well No. 12	Pool Na Sand	me, Includi Dunes	West, [	Delaware		federal or Fee	Lease No. NM-40659	
Unit Letter	_ :33	0	Feet Fro	m The SO	uth im	e and _2310	• • •	Feet From The		
Section 28 Townsh	lp 23			31 Ea		MPM,	Eddy	reet from The	<u>Count</u>	ine
II. DESIGNATION OF TRAN Name of Authorized Transporter of Oil E off Name of Authorized Transporter UVE and El Paso Natural Cas	perating []	ROFOI or Condea P	IL AND		Address (Gin Address (Gin	e address to wh	ich approv	ed copy of this for ed copy of this for	m is to be sent) m is to be sent)	
El Paso Natural Gas Jame of Authonized Transporter of Casinghead Gas X or Dry Gas Llano, Inc. Y EPN					P.O.Box 1492, El Paso, Texas 79978 Address (Give address to which approved copy of this form is to be sent)					
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or newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance Request for anowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in a with Rule 111.
 All sections of this form must be filled out for allowable on new and recompleted wells.
 Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
 Separate Form C-104 must be filled for each used by multiple number.