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

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

OCT - 8 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. 30-015-27412
Address P. O. Box 10340, Midland, TX 79702-7340	
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Other (Please explain) <input type="checkbox"/> 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 Amax 24 Federal	Well No. 10	Pool Name, Including Formation Ingle Wells Delaware	Kind of Lease State, Federal or Fee	Lease No. NM-40655
Location Unit Letter <u>N</u> : <u>330</u> Feet From The <u>South</u> Line and <u>1650</u> Feet From The <u>West</u> Line Section <u>24</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 EOTT Energy Corp.	or Condensate 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 GPM Gas Corp	Effective <u>1-1-94</u> Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 4001 E. 42nd, Odessa, TX 79762				
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 24	Twp. 23S	Rge. 31E	Is gas actually connected? Yes	When? 10-4-93

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 9-6-93	Date Compl. Ready to Prod. 9-30-93		Total Depth 8460'		P.B.T.D. 8413'			
Elevations (DF, RKB, RT, GR, etc.) 3509.3' GR	Name of Producing Formation Delaware		Top Oil/Gas Pay 8074		Tubing Depth 8002			
Perforations 8074,79,8110,15,19,21,27,31,37,40,45,95,8202,13,22,30,38,42,47,53select					Depth Casing Shoe 8460'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2	13-3/8		801		950-circ 250 sxs			
11	8-5/8		4360		1800-circ 318 sxs			
7-7/8	5-1/2		8460		1660-circ 348 sxs			
					stg tool @ 4085 & 5797			

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 10-1-93	Date of Test 10-7-93	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs	Tubing Pressure 360 psi	Casing Pressure 900	Choke Size 20/64"
Actual Prod. During Test	Oil - Bbls. 256	Water - Bbls. 139	Gas - MCF 324

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.

Richard L. Wright
Signature
Richard L. Wright, Division Operations Mgr
Printed Name
October 7, 1993
Date
(915)682-6822
Telephone No.

OIL CONSERVATION DIVISION

Date Approved OCT 22 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.