C/SF
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Submit 5 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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator	Well API No.
Pogo Producing Company	30-015-27498
Address: P. O. Box 10340, Midland, TX 79702-7340	

Reason(s) for Filing *(Check proper box)*
New Well [X] Recompletion [ ] Change in Operator [ ]
Change in Transporter of: Oil [ ] Dry Gas [ ] Casinghead Gas [ ] Condensate [ ]
Other *(Please explain)* [ ]

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DEC 23 1993

If change of operator give name and address of previous operator _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease State, Federal or Fee	Lease No.
Sand Dunes 34 Federal	5	~~Undes.~~ Ingle Wells Delaware		NM-43744

Location
Unit Letter B : ~~660~~ 330 Feet From The North Line and 1980 Feet From The East Line
Section 34 Township 23S Range 31E, NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate	Address *(Give address to which approved copy of this form is to be sent)*
EOTT Energy Corp ~~EOTT Energy Operating LP~~ Effective 4-1-94	P. O. Box 1188, Houston, TX 77252
Name of Authorized Transporter of Casinghead Gas [X] or Dry Gas [ ]	Address *(Give address to which approved copy of this form is to be sent)*
Llano, Inc.	921 Sanger, Hobbs, NM 88240-4917

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When ?
	H	34	23S	31E	~~No~~ Yes	~~12/29/93~~ 12-30-93

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
	X		X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
11/26/93	12/9/93	8340'	8294'
Elevations *(DF, RKB, RT, GR, etc.)*	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
3431.4'	Brushy Canyon	8057'	8000'
Perforations			**Depth Casing Shoe**
8057'-8117'			8340'

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2	13-3/8	765	950 sx-circ 300 sx
11	8-5/8	4185	1700 sx-circ 250 sx
7-7/8	5-1/2	8340	1685 sx-circ 32 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	Date of Test	Producing Method *(Flow, pump, gas lift, etc.)*	
12/19/93	12/22/93	Flow	Post IO-2 1-21-94 comp + BK
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
24 hrs	700 psi	1140 psi	18/64"
Actual Prod. During Test	**Oil - Bbls.**	**Water - Bbls.**	**Gas- MCF**
	314	148	513

GAS WELL

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 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.

Barrett L. Smith
Signature
Barrett L. Smith, Senior Operations Engineer
Printed Name / Title
12/22/93 (915)682-6822
Date / Telephone No.

OIL CONSERVATION DIVISION

Date Approved DEC 27 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.