

OIL CONSERVATION DIVISION
P. O. BOX 2000
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NAME	
ADDRESS	
CITY	
STATE	
ZIP	
DATE	
U.S.D.	
CARD OFFICE	
TRANSPORTER	
OIL	
GAS	
OPERATION	
OPERATION OFFICE	
Operator	

Pogo Producing Company

Address
P.O. Box 10340 Midland, Texas 79702

Reason(s) for filing (Check proper box)

New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain) effective 1-1-83
Western Crude Oil, Inc. name changed to
Getty Trading and Transportation Co.

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Federal 11	Well No. 1	Pool Name, Including Formation Wildcat	Kind of Lease State, Federal or Fee Federal	Lease No. NM-12556
Location Unit Letter A : 660 Feet From The North Line and 660 Feet From The East Line of Section 12 Township 26 S Range 28 E , NMPM, Eddy County				

EOTT Energy Operating LP

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Effective 1-1-83

Name of Author. Transporter of Oil ☒ or Casinghead Gas ☐ Address (Give address to which approved copy of this form is to be sent)
Getty Trading and Transportation Co. Effective 1-1-93 P.O. Box 1142, Midland, Texas 79702

Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ Address (Give address to which approved copy of this form is to be sent)

If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rge. Is gas actually connected? When

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RAB, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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 Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Dbls.	Water-Dbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Dbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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)

Production Superintendent

1/19/83

(Title)

(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19__

BY _____

TITLE _____

This form is to be filed in compliance with RULE 1304.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and incomplete wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiple completed wells.