ubmit 5 Copies ppropriate District Office ISTRICT I O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Antesia, NM 88210

## State of New Mexico Energy, Minerals and Natural Resources Department

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

## OIL CONSERVATION DIVISION $^{1.4R}$ $^{\circ}$ $^{\circ}$ 1992

P.O. Box 2088

O. C. D.

DISTRICT III				
1000 Rio Brazon	Rd. Aztec.	NM	87410	

DISTRICT III	Santa	Fe, New Mo	exico 8750	4-2088	ARTES	A OFFICE		
1000 Rio Brazos Rd., Aztec, NM 87410	REQUEST FOR	ALLOWAE	BLE AND A	AUTHORIZ	ATION			
l <b>.</b>	TO TRANS	PORTOIL	AND NA	TURAL GA				
Operator Pogo Produc	ing Company	CUN	-IUENI	IAL :	Well A	<b>.Pl No</b> . 30	-015-269	130
Address P.O. Box 103	340, Midland, Te	exas 797	02-7340	ng geografia di Salton (Salton (Salton)				
Reason(s) for Filing (Check proper box)			Othe	r (Please explai	n)	D 0 1 0 1		
New Well KX	Change in Tran	. –		Carry and S	SINUMES.	D GAS M	UST NOT	BE
Recompletion !	_ ·	Gas 🗔		FLA	Mad Ari	12 6) I	092	
f change of operator give name	Campical Cas			<del></del>		52. JEP.10		
nd address of previous operator				RUE	<del>i ude l</del> i	OPTAINS	:D	
I. DESCRIPTION OF WELL	AND LEASE						<del></del>	
Lease Name		l Name, Includia		21/2/20		f Lease Federal or Fee	LH-180	
DiMaggio	<del> </del>	<del>Indes igna</del>	<del></del>	aware				
Unit LetterJ		Srushy I From The S		and169	3 Fe	et From The	East	Line
Section 16 Township	, 26 South Res	ge 29 Eas	t , NN	<sub>IPM,</sub> Edd	у			County
II DECIONATION OF TO AN	CDADTED AF ATT	NID NIATTI	DAI GAS					
II. DESIGNATION OF TRANS Name of Authorized Transporter of Oil	or Condensate	MINIMATU	Address (Give	address to whi	ch approved	copy of this form	is to be sent)	
Enron Oil Trading	Or Condensate		P.O. B	ox 1188,	Housto	n Texas	77252	
Name of Authorized Transporter of Casing	thead Gas or I	Ory Gas	Address (Give	address to whi	ch approved	copy of this forn	ı is to be sent)	
If well produces oil or liquids, jve location of tanks.	Unit	p.   Rge. 6S   29E	is gas actually No		When	? questing	Flare Pe	ermit
f this production is commingled with that f	<del> </del>			<del></del>	1 10	946361119	11416 16	
V. COMPLETION DATA	rom any outer rease or poor,	Brac countrings	ing order manie					
Designate Type of Completion	Oil Well X	Gas Well	New Well	Workover	Deepen	Plug Back   Sa	me Res'v D	diff Res'v
Date Spudded	Date Compl. Ready to Pro	i.	Total Depth			P.B.T.D.		
02-05-92	03-01-92			7,000	l 		5,443'	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Format		Top Oil/Gas F	•		Tubing Depth	4 0521	
Perforations	Delaware, Che	rry		4,996	·	Depth Casing S	4,953'	
4,996'-5,016'	2 spf						5,531'	
	TUBING, CA				<u> </u>	T	01/0 051/51/	-
HOLE SIZE 17-1/2"	CASING & TUBIN	G SIZE	DEPTH SET 480 '			SACKS CEMENT 600 sx-Circ 256		
17-1/2	8-5/8"		2816'			1150 sx-Circ 240		
7-7/8"	5-1/2"		5531'			955 sx-T0C 4060'		
	2-7/8"			4953'				
V. TEST DATA AND REQUES								
	ecovery of total volume of lo	ad oil and must					full 24 hours.)	771-2
Date First New Oil Run To Tank 03-01-92	Date of Test 03-09	-92	Pump i	thod ( <i>Flow, pun</i> ina	up, gas iyi, e	ic.j	5-8	-93
Length of Test	Tubing Pressure		Casing Pressu			Choke Size	ramo	Y BR
24 hours	N/	A	_	20		N/A		
Actual Prod. During Test	Oil - Bbls.		Water - Bbls.			Gas- MCF		
	15			79		18		
GAS WELL								
Actual Prod. Test - MCF/D	Length of Test		Bbls. Conden	sate/MMCF		Gravity of Con	densate	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressu	re (Shut-in)		Choke Size		M
UL OPERATOR CERTIFIC	ATE OF COLUMN :	ANCE	<b>{┌</b>			1		
VI. OPERATOR CERTIFIC  I hereby certify that the rules and regule			$\parallel$	OIL CON	SERV	ATION D	IVISION	1
Division have been complied with and								
is true and complete to the best of my	•		Date Approved			APR 2 7 1992		
1/2/1/	1.11			whhiover				
KUKURKUL	18/10		ll By		ORIGINA	L SIGNED	BY	
Signature Richard   Wrigh	<i>∵</i> ut Niv Oner	Sunt	By_		MIKE WI			

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Printed Name March 26, 1992

Date

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Title.

SUPERVISOR, DISTRICT IT

2) All sections of this form must be filled out for allowable on new and recompleted wells.

Title (915)682-6822

Telephone No.

- 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.