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

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

P.O. Box 2088
 Santa Fe, New Mexico 87504-2088

DISTRICT II
 P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
 1000 Rio Brazos Rd., Aztec, NM 87410

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
 TO TRANSPORT OIL AND NATURAL GAS**

I.

Operator Pogo Producing Company	Well API No. 30-015-27011
Address P. O. Box 10340, Midland, TX 79702-7340	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Specify) CONFIDENTIAL	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Maris Federal	Well No. 1	Pool Name, Including Formation Brushy Draw, Delaware	Kind of Lease State, Federal or Fee	Lease No. NM-53231
Location Unit Letter <u>C</u> : <u>870</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>West</u> Line Section <u>9</u> Township <u>26S</u> Range <u>29E</u> , NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate EOTT Energy Corp Effective 4-1-94	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 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 ? C 9 26S 29E No Request for vent

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 7-28-92	Date Compl. Ready to Prod. 9-2-93	Total Depth 6700'	P.B.T.D. 5785'					
Elevations (DF, RKB, RT, GR, etc.) 2930.3 GR	Name of Producing Formation Delaware	Top Oil/Gas Pay 4990'	Tubing Depth 4996'					
Perforations 4990-5012 44 holes .41" diameter	Depth Casing Shoe 5830							
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12-1/4	8-5/8" 24#	510	300 sxs-circ 40 sxs					
7-7/8	5-1/2" 15.5# J-55LT.C	5830	1525 sxs-TOC 470' CBL					
	2-7/8"	4996						

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 9-2-93	Date of Test 10-15-93	Producing Method (Flow, pump, gas lift, etc.) Pumping	Port ID - 2 11-26-93
Length of Test 24 hours	Tubing Pressure N/A	Casing Pressure 20	Choke Size None
Actual Prod. During Test	Oil - Bbls. 55	Water - Bbls. 267	Gas - MCF 35

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 18, 1993 (915)682-6822
 Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved OCT 29 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.