

OIL CONSERVATION DIVISION

P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES DESIRED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATION	
PRODUCTION OFFICE	

Operator Pogo Producing Company

Address P.O. Box 10340 Midland, Texas 79702

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	
Recompletion <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner \_\_\_\_\_

DESCRIPTION OF WELL AND LEASE R-6967 5-1-82

Lease Name <u>FBR Federal CBR</u>	Well No. <u>1</u>	Pool Name, including Formation <u>East Bootleg Ridge (Morrow)</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>NM-24683</u>
Location Unit Letter <u>L</u> ; <u>1980</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>West</u> Line of Section <u>17</u> Township <u>22-S</u> Range <u>33-E</u> , NMPM, <u>Lea</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> <u>Western Crude Oil, Inc.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 1142, Midland, TX 79702</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <u>Llano, Inc.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 1320 Hobbs, New Mexico 88240</u>
If well produces oil or liquids, give location of tanks. Unit <u>L</u> Sec. <u>17</u> Twp. <u>22-S</u> Rge. <u>33-E</u>	Is gas actually connected? when <u>No yes</u> <u>1/28/82</u>

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.
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Date Spudded <u>3-25-81</u>	Date Compl. Ready to Prod. <u>10-21-81</u>	Total Depth <u>15270</u>	P.B.T.D. <u>14765</u>					
Elevations (DF, RKB, RT, GR, etc.) <u>3601.5-GR, 3622.5-RKB</u>	Name of Producing Formation <u>Morrow</u>	Top Oil/Gas Pay <u>13975</u>	Tubing Depth <u>14002</u>					
Perforations <u>14039-14042, 14432-14434, &amp; 14734-14740</u>			Depth Casing Shoe <u>14813</u>					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
26"	20"	58'	3 yards ready mix cmt.
17 1/2"	13 3/8"	740'	730 sx
12 1/4"	10 3/4"	4974'	2200 sx
9 1/2"	7 5/8"	12114'	1050 sx
6 1/2"	5 1/8"	11737-14813'	700 sx

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 14002' in 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-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D <u>848</u>	Length of Test <u>4 hr.</u>	Bbls. Condensate/MMCF <u>0</u>	Gravity of Condensate
Testing Method (pilot, back pr.) <u>back pressure</u>	Tubing Pressure (shut-in) <u>5270</u>	Casing Pressure (shut-in) <u>PKR</u>	Choke Size <u>5/64" to 8.5/64"</u>

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.

James R. Henry  
(Signature)  
DIVISION ENGINEER  
(Title)  
1/28/82  
(Date)

OIL CONSERVATION DIVISION

APPROVED \_\_\_\_\_, 19\_\_\_\_

BY Jerry Sexton  
Dist. 1, Supv.

TITLE \_\_\_\_\_

This form is to be filed in compliance with RULE 1104.  
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 recompleted 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 multiply