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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
OPERATOR	
PROMOTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input checked="" type="checkbox"/> Condensate <input type="checkbox"/>
If change of ownership give name and address of previous owner	

II. DESCRIPTION OF WELL AND LEASE

Lease Name SAN State	Well No. 1	Pool Name, Including Formation Saunders Permo Upper (Pennsylvanian)	Kind of Lease State, Federal or Fee State	Lease No. L-6300
Location Unit Letter A ; 990 Feet From The North Line and 660 Feet From The East Line of Section 32 Township 14-S Range 33-E, NMPM, 30-025-27028 Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 5008, Houston, Texas 77012					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1589, Tulsa, Oklahoma 74102					
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 32	Twp. 14-S	Rge. 33-A	Is gas actually connected? Yes	When 7/24/81

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 <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 1/29/81	Date Compl. Ready to Prod. 5/6/81		Total Depth 10,250'		P.B.T.D. 10,055'			
Elevations (DF, RKB, RT, GR, etc.) 4220,6-GR, 4248-KB	Name of Producing Formation Saunders Permo Upper Penn		Top Oil/Gas Pay 9496		Tubing Depth 9,983'			
Perforations 9916-19 (8 holes), 9888-91(8 holes), 9853-55 (6 holes), & 9496-9500 (10 holes)					Depth Casing Shoe 10,249			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TLBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2	13 3/8" 48# H-40 STXC		310		490			
11"	8 5/8" 24# K-55 57XC		4170		1819			
7 7/8	5 1/2" 17# N-80 & 17# K-55		10,249		1690			

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 Tanks 4/15/81	Date of Test 7/10/81	Producing Method (Flow, pump, gas lift, etc.) Rod Pumping Unit	
Length of Test 24 hrs	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls. 77.28	Water-Bbls. 16.5	Gas-MCF 126

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

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]
(Signature)
Division Operations Manager
(Title)
July 13, 1981
(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19____
BY _____
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 Form C-104 must be filed for each pool in multiply completed wells.