Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II P.O. Drawer DD, Artesia, 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**

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

1000 Rio Brazos Rd., Aztec, NM 87410	REQUEST F	OR ALLOWA	BLE AND	AUTHORIZ	ZATION					
I.		ANSPORT OIL								
Operator				<b>3</b> '			VI No.			
Pogo Producing Company Address				30 025 30118						
P.O. Box 10340, M	lidland. Texas	79702-7340								
Reason(s) for Filing (Check proper box)			Oth	et (Please expla	in)					
New Well	Change i	n Transporter of:	AA Re	-entry of	Plugge	ed & Aban	doned w	ell		
Recompletion	Oil _	Dry Gas			A margarita	to Hare ca	sincheac	1 gas trorr		
Change in Operator	Casinghead Gas	Condensate				-11114 130 G	<del>stained 1</del>	tom the		
If change of operator give name and address of previous operator			R-		विकास भार	F LAND MAN	AGEMENT	(BLM)		
II. DESCRIPTION OF WELL	AND LEASE	Lone Ra	naer	Drawbu	44					
Lease Name Well No. Pool Name, Including				ng Hormation V F Kind o			f Lease No.			
Buffalo Federal		U <del>ndesigna</del>	ted Gray	burg	State,	Federal or Fee	NM 3	32860		
Location	. 660	N	orth	1980			East			
Unit LetterB	_ :	Feet From The $\frac{N}{N}$	Lin	e and	Fe	et From The		Line		
Section 11 Townsh	ip 19 South	Range 33 Eas	t "N	мрм, Lea				County		
TO PROTONIATION OF TRAIL	NCDODTED OF C	NEE A BIEN BI A 1718 I	DAT CAC							
III. DESIGNATION OF TRAP Name of Authorized Transporter of Oil	or Conde	nsie	Address (Gir	e address to wh	ich approved	copy of this for	m is to be se	nt)		
Name of Authorized Transporter of Oil  Enron Oil Trading  Authorized Transporter of Casinghead Gas  Effective of Iry Gas  In Inc. In Inc. Inc. Inc. Inc. Inc. Inc.										
	aghead Gas	of Dry Gas .	Address (Giv	e address to wh	ich approved	copy of this for	m is to be se	nt)		
GPM gas coop	trea la	Im. I n	la accessor	u gone-et-29	When	7				
If well produces oil or liquids, give location of tanks.	Unit Sec.	19S 33E	is gas actuali No	y connected?		, Contrac	t + Hoc	ok-up		
If this production is commingled with that			ing order num	ber:						
IV. COMPLETION DATA	, 110111 1107 101101 10110 11	, post, grad damanag		-			1			
	Oil We	li Gas Well	New Well	Workover	Deepen	Plug Back S	iame Res'v	Diff Res'v		
Designate Type of Completion		l	1	<u> </u>		<u>                                     </u>				
Date Spudded	Date Compl. Ready t	lo Prod.	Total Depth	2450		P.B.T.D.	100			
10-31-87	None of Producing I	13450 Top Oil/Gas Pay			5190 Tubing Depth					
Elevations (DF, RKB, RT, GR, etc.) 3729.5	Grayburg	Name of Producing Formation			4939			4864		
Perforations	1 41 47 54 1 9		<u></u>			Depth Casing				
4939-4948 Grayburg						97	700'			
		, CASING AND	CEMENTI		D	<del></del>				
HOLE SIZE	CASING & TUBING SIZE		<b>DEPTH SET</b> 525			SACKS CEMENT 525 sks-cjrc 150 sks				
17 1/2		13 3/8		5387			3400 sks-circ 779 sks			
12 1/4 7 7/8	9 5/8 5 1/2		2545-9700			1075 sks				
7 770			5 ½ cut off @ 2545			TOC 3704				
V. TEST DATA AND REQUE	ST FOR ALLOW	ABLE	·					06-23-92		
	recovery of total volume	e of load oil and must	be equal to or	exceed top allo ethod (Flow, pu	wable for thi	s depth or be fo	r full 24 hou	rs.)		
Date First New Oil Run To Tank	Date of Test		Pumpin		mp, gas iyi, d	BIC.)				
07-01-92 Length of Test	07-18-92 Tubing Pressure		Casing Pressure			Choke Size	Choke Size			
24 Hours	N/A		20				N/A			
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.		Water - Bbls.		Gas- MCF 5				
	6			80		<u> </u>	<del></del>			
GAS WELL				<u></u>	<u></u>	., <u>.,</u>				
Actual Prod. Test - MCF/D	Length of Test	Length of Test		Bbls. Condensate/MMCF			Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Sh	ut-in)	Casing Press	ure (Shut-in)		Choke Size				
resumment (page, out p.)						· ·				
VI. OPERATOR CERTIFIC	CATE OF COM	PLIANCE			ICEDV	: ATION F	)\/\C\C	<b>7</b> 61		
I hereby certify that the rules and regu	ulations of the Oil Conse	ervation		OIL CON	19EHV	ATIONL	אפועונ	אוע		
Division have been complied with and that the information given above						.1111	2 2 '92			
is true and complete to the best of my knowledge and belief.				Approve	d	JUL	~ ~ 7(			
fill halt halt				ODIGINAL SIGNED BY DAY GMITH						
Signature Div Operations Super				By ORIGINAL SIGNED BY RAY SMITH						
Richard L. Wright DIV. Operations Super.										
Printed Name July 20, 1992 9	15-682-6822	Title	Title					<u> </u>		
Date 9		lephone No.	11							

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.