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

State of New Mexico
Energy, Minerals and Natural Resources Department
OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

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

Operator Pogo Producing Company		Well API No. 30 025 30118
Address P.O. Box 10340, Midland, Texas 79702-7340		
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator <input type="checkbox"/>		<input checked="" type="checkbox"/> Other (Please explain) Re-entry of Plugged & Abandoned well Approval to flare casinghead gas from: this well must be obtained from the BUREAU OF LAND MANAGEMENT (BLM)
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <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 Buffalo Federal	Well No. 1	Pool Name, Including Formation Undesignated Grayburg	Kind of Lease State, Federal or Fee	Lease No. NM 32860
Location Unit Letter <u>B</u> : <u>660</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>East</u> Line Section <u>11</u> Township <u>19</u> South Range <u>33</u> East , NMPM, 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"/> Enron Oil Trading & Transp	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> GPM Gas Corp	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 B	Sec. 11	Twp. 19S	Rge. 33E	Is gas actually connected? No	When ? W/O Contract + Hook-up

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	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 10-31-87	Date Compl. Ready to Prod.		Total Depth 13450		P.B.T.D. 5190			
Elevations (DF, RKB, RT, GR, etc.) 3729.5	Name of Producing Formation Grayburg		Top Oil/Gas Pay 4939		Tubing Depth 4864			
Perforations 4939-4948 Grayburg					Depth Casing Shoe 9700'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2	13 3/8		525		525 sks-circ 150 sks			
12 1/4	9 5/8		5387		3400 sks-circ 779 sks			
7 7/8	5 1/2		2545-9700		1075 sks			
			5 1/2 cut off @ 2545		TOC 3704' CBL,			

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.)

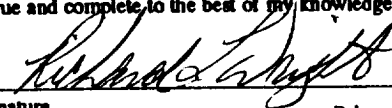
Date First New Oil Run To Tank 07-01-92	Date of Test 07-18-92	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 Hours	Tubing Pressure N/A	Casing Pressure 20	Choke Size N/A
Actual Prod. During Test	Oil - Bbls. 6	Water - Bbls. 80	Gas- MCF 5

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.


Signature
Richard L. Wright Div. Operations Super.
Printed Name
July 20, 1992 915-682-6822
Date
Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUL 22 '92

By ORIGINAL SIGNED BY RAY SMITH
FIELD REP. II

Title _____

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.

RECEIVED

JUL 21 1992

OCD HOBBS OFFICE