Submit 5 Copies Appropriate District Office 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

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

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410 I.	REQ					BLE AND AUTHORI					
Operator	TO TRANSPORT OIL AND NATURAL GAS							Well API No.			
POGO PRODUCING COMPANY						······································		30-025-24947			
P. O. BOX 10340, Mid	lland.	Texas I	79701	1-73	4 Ω						
Reason(s) for Filing (Check proper box)		icae .	3,0.		10	Other (Please expl	ain)	· · · · · · · · · · · · · · · · · ·			
New Well	0"	Change in			of:						
Recompletion	Oil Casinohe	nd Gas 🏻	Dry C								
If change of operator give name			Collon	CHASO	<u> </u>						
and address of previous operator				····						:	
II. DESCRIPTION OF WELL Lease Name		T W land	of Lease		ease No.						
Tront storing specialist					one Springs	Federal or Fee					
Location				•			······································				
Unit LetterC	_ :660)	_ Fect I	Prom T	he <u>N</u>	orth Line and 1980)· Fe	et From The	West	Line	
Section 25 Townshi	p 22 S	outh	Range	32	Eas	t , NMPM,	Lea	 		County	
III. DESIGNATION OF TRAN	SPORTE	R OF O	IL A	N DV	ATU	RAL GAS					
Name of Authorized Transporter of Oil	₽	Energy (pate Dera	ti 🖳	D	Address (Give address to w	hich approved	copy of this fo	orm is to be se	nı)	
Name of Authorized Transporter of Casinghead Gas						Address (Give address to which approved copy of this form is to be sent)					
Transwestern Pipelin	e Co.				P. 0. Box 1188	n, Texas 79752					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	ļ	Rge.	is gas actually connected?	V/hen	7			
If this production is commingled with that	from any of	her lease or	pool, g	ive cor	mmingl	ing order number:					
IV. COMPLETION DATA											
Designate Type of Completion	- (X)	Oil Well	\	Gas V	Vell	New Well Workover	Doepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Com	pl. Ready to	Prod.			Total Depth	<u> </u>	P.B.T.D.	l <u></u>		
Elevations (DF, RKB, RT, GR, etc.)	 					T 01/0 N					
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation						Top Oil/Gas Pay Tubing Depth					
Perforations								Depth Casin	g Shoe		
TUBING, CASING AND						CEMENTING RECOR	D	<u> </u>	·		
HOLE SIZE	CASING & TUBING SIZE					DEPTH SET		SACKS CEMENT			
	 -		··		······································			<u> </u>			
•			· · ·	·····				-			
V. TEST DATA AND REQUES	YE BOD	i i ow	ABLE								
-					d must	be equal to or exceed top allo	owable for thi	s depth or be t	for full 24 hou	rs.)	
Date First New Oil Run To Tank Date of Test						Producing Method (Flow, pump, gas lift, etc.)					
Length of Test	Tables D					Caster Danasas		Choke Size			
Leugui or rea	Tubing Pressure					Casing Pressure					
Actual Prod. During Test	Oil - Bbls.				 	Water - Bbis.	Gas- MCF				
CAR TIPLE	1			·				<u> </u>			
GAS WELL Actual Prod. Test - MCF/D	Length of	Test			······································	Bbls. Condensate/MMCF		Gravity of	ondensale.		
,						The Concession Market.	Gravity of Condensate				
Fosting Method (pitot, back pr.)	Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)		Choke Size			
VI. OPERATOR CERTIFIC	ATE OF	COMI	LIA	NCE	;	0" 00:	10==::-	AT:0:::	D# #2:-		
I hereby certify that the rules and regul Division have been complied with and						OIL CON	NSEHV.	AHON	DIVISIO)N	
is true and complete to the best of my	uiat uie into knowledge i	amacion giv ind belief.	₹B 8001	YE		Data Assess	1k11	9 9 100	2		
Al. IP)	. 11				. (Date Approve	u <u>Jul</u>	<u>6 9 133</u>	J		
Tuharda. Writt						By Orig. Signed by					
Richard L. Wright Div. Oper. Mgr.						By Orig. Signed b: Paul Kautz Geologist					
Printed Name July 26, 1993	· · · · · · · · · · · · · · · · · · ·	915/6	Title 82-6	822		Title	Geo10	R ma			
Date			phone								

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
- 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.