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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

## **OIL CONSERVATION DIVISION**

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Pogo Producing Company						30- <del>015</del> -24947			
Address P.O. Box 10340		exas 79702	-7340						
Reason(s) for Filing (Check proper box)	o, marana, i			(Please explair	1)				
New Well	Change in	Transporter of:							
Recompletion		Dry Gas							
Change in Operator	Casinghead Gas X	Condensate							
If change of operator give name and address of previous operator									
II. DESCRIPTION OF WELL A	AND LEASE								
Lease Name	Well No. Pool Name, Including Formation					Kind of Lease State, Federal or Fee  NM-2379			
Covington "A" Federa	a!   1	Red lank-B	one Spri	ngs				.0,3	
Unit Letter 8 C	:660	Feet From The No	rth Line	and	0 Fe	et From The	West	Line	
Section 25 Township	22 South	Range 32 Ea	ist , NM	<sub>PM</sub> , Lea				County	
III. DESIGNATION OF TRANS	SPORTER OF O	IL AND NATU	RAL GAS	<u> </u>					
Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)							,		
Enron Oil Traden Name of Authorized Transporter of Casingle		or Dry Gas		address to which					
<u>Natural Gas Pipeline C</u>	ompany of Am		HCR-60, Box 170, Lo						
If well produces oil or liquids, give location of tanks.	Unit Sec.	22S 32E	Is gas actually connected? Who			July 31, 1992			
If this production is commingled with that fi IV. COMPLETION DATA	rom any other lease or	pool, give commingli	ing order numbe	x:			<u> </u>		
Designate Type of Completion -	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to	Prod.	Total Depth	L		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	vations (DF, RKB, RT, GR, etc.) Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe			
				O DECORE		<u> </u>			
		CEMENTING RECORD			CACKO OFMENT				
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT			
V. TEST DATA AND REQUES	T FOR ALLOW	ARLE				<u> </u>			
OIL WELL (Test must be after re	ecovery of total volume	of load oil and must	be equal to or	exceed top allow	vable for this	depth or be f	or full 24 hours	.)	
Date First New Oil Run To Tank	Date of Test		Producing Met	thod (Flow, pun	τρ, gas lýt, e	tc.)			
Length of Test	Tubing Pressure	Casing Pressure			Choke Size				
Actual Prod. During Test	Oil - Bbls.		Water - Bbis.			Gas- MCF			
Actual Flod. During Tow	Oil - Buis.								
GAS WELL			150: A	AB I/-	<del></del>	Couls of C	'madeneste		
Actual Prod. Test - MCF/D	Length of Test		Bbis. Condensate/MMCF			Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shu	Casing Pressure (Shut-in)			Choke Size				
VI. OPERATOR CERTIFIC	ATE OF COM	PLIANCE		OIL CON	CEDV	ATION	טואופוט	N	
I hereby certify that the rules and regular Division have been complied with and	ations of the Oil Conse	rvation en above		JIL CON	SERV				
is true and complete to the best of my knowledge and belief.			Date	Date ApprovedAUG 1 0 '92					
Kirds and	26) not	1		• •		hoz			
Signature Richard L. Wright Div. Oper. Supt.				By Orig. Signed by Paul Kanta					
Printed Name Title				G	eologist				
07-31-92 Date		ephone No.		,					

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.