Submit 5 Copies Appropriate District Office DISTRICT 1 P.O. Box 1980, Hobbe, NM 88240 DISTRICT 11	propriate District Office Energy, Minerals and Nati STRICT I O. Box 1980, Hobbe, NM \$8240 ISTRICT II OIL CONSEDVA						Form C-104 Revised 1-1-89 See Instructions at Bottom of Page	
P.O. Drawer DD, Antenia, NM \$821	10	P.0	. Box 2088					
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 8	7410	Santa Fe, New	Mexico 87	504-2088				
I.	REQUEST		ABLE AND			t		
Operator		RANSPORT	OIL AND NA	ATURAL	AS	-		
Pogo Producing	Company					API No. 0-025-249	/ 7	
P. 0. Box 10340	Midi	1		<u> </u>			47	
Reason(s) for Filing (Check proper I	xx)	land, Texas	79702	her (Please exp				
New Well	Chang Oil	s is Transporter of:	-	-	·			
Change in Operator	Casinghead Gas	Dry Gas	J Effe]	ctive Da	te: 5/1	/91		
If change of operator give same and address of previous operator	Chevron U.S.A		J Box 115	0 142 41	······	-		
IL DESCRIPTION OF WE	LI. AND I FASE	<u></u>	<u>. DOX 115</u>	U, M1d1a	nd, TX	79702		
Lease Name	Well N	o. Pool Name, Incl	uding Formation		Kind	of Lease		
Covington "A" Feder	<u>a1 1</u>	, F 1		-		Federal of File	Lesse No. NM-2379	
Unit LetterBC	• 660	East E	Nonth					
		real from The _	North Lin	and <u>198(</u>		eet From The	WestLin	
Section 25 Town	aship 22S	Range 32E	, N	MPM, Le	a		County	
III. DESIGNATION OF TR. Name of Authonized Transporter of O	ANSPORTER OF	OIL AND NAT	URAL GAS					
Pride Pipeline Co.	iensate	Address (Give address to which an			copy of this form	n is so be sens)		
Name of Authorized Transporter of Ca	uinghead Gas	or Dry Gas	P.O. Box 2436, Abi1			ene, Texas 79604 oved copy of this form is to be sent)		
l' well produces oil or liquide,					на аругона	copy of this form	n is lo be sent)	
rive location of tanks.	Unit Sec.	Twp. Rg	. Is gas actually	connected?	When	?		
f this production is commingled with the	at from any other lease o	r pool, give commin	gling order numb		L			
V. COMPLETION DATA								
Designate Type of Completic	on - (X) Oil We	II Gas Well	New Well	Workover	Deepen	Plug Back Sa	me Res'v Diff Res'v	
Date Spudded	Date Compl. Ready	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay				·····	
erforations						Tubing Depth		
CIUTAIOE						Depth Casing S	hoe	
	TUBING	, CASING AND	CEMENTIN	G RECORI)	L		
HOLE SIZE	CASING & T	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT	
. TEST DATA AND REQUE	ST FOR ALLOW	ABLE	l					
IL WELL (Test must be after	recovery of total volume		be equal to or es	iceed top allow	able for this	depth or be for fi	ull 24 hours.)	
ate First New Oil Run To Tank	Date of Test		Producing Meth	od (Flow, pur	p, gas lift, etc	s.)		
ength of Test	Tubing Pressure		Casing Pressure			Choke Size		
ctual Prod. During Test	Oil - Bbls.		Water Dhia					
			Water - Bbis.			Gas- MCF		
GAS WELL	 		I		I			
ctual Prod. Test - MCF/D	Lingth of Test		Bbls. Condenatie/MMC?		1	Gravity of Condentate		
sting Method (pitot, back pr.)	Tubing Pressure (Shut	-(21)	Casing Pressure	(Shut-te)		Choke Size		
······································			Casing Pressure (Shut-in)					
I. OPERATOR CERTIFIC								
I hereby certify that the rules and regu Division have been complied with and	that the information give	atica a sbove			PERVA	TION DI	/151011	
is true and complete to the best of my	knowledge and belief.	-	Date A	pproved	M	AY 0.3 1	991	
Δι.	D_1 .			••	212	┈╼╼╶┈ ╊┸┉╝╠┩┈┉╡		
Signature All Back	By Urig. Signed by							
Printed Name	Geologist							
Date 4-30-91 9		THIN SUPT.	Title					
9 00 11 11	156826822Telep					منعند ينصيحواني		
INSTRUCTIONS: This for 1) Request for allowable for with Rule 111.	m is to be filed in co newly drilled or deep	mpliance with R pened well must	ule 1104 be accompani	ed by tabul	ation of de	viation tests t	aken in accordance	

All sections of this form must be filled out for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.