

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

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

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

I. OPERATOR

Operator

Pogo Producing Company

Well API No.

30-025-26976

Address

P. O. Box 10340, Midland, TX 79702

Reason(s) for Filing (Check proper box)

☐ New Well

☒ Recompletion

☐ Change in Operator

Change in Transporter of:

☐ Oil

☐ Dry Gas

☐ Casinghead Gas

☐ Condensate

☐ Other (Please explain)

If change of operator give name
and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name

NBR

Well No.

1

Pool Name, Including Formation

Butleg Ridge
Wildcat, Atoka

Kind of Lease
State, Federal or Fee

Lease No.

L-4780

Location

Unit Letter

J

Feet From The

South

Line and

1980

Feet From The

East

Line

Section

18

Township

22 S

Range

33 E

NMPM

Lea

County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil

Enron Oil Trading & Transportation

Address (Give address to which approved copy of this form is to be sent)

P. O. Box 1188, Houston, TX 77252

Name of Authorized Transporter of Casinghead Gas

Llano, Inc.

Address (Give address to which approved copy of this form is to be sent)

921 Sanger, Hobbs NM 88240-4917

If well produces oil or liquids,
give location of tanks.

Unit

J

Sec.

18

Twp.

22 S

Rge.

33 E

Is gas actually connected?

yes

When?

10-2-81 7-19-91

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

☒ Gas Well

☐ New Well

☐ Workover

☐ Deepen

☒ Plug Back

☐ Same Res'v

☐ Diff Res'v

Date Spudded

Date Compl. Ready to Prod.

7-17-91

Total Depth

15372

P.B.T.D.

14625

Elevations (DF, RKB, RT, GR, etc.)

3631.2 GR

Name of Producing Formation

Atoka

Top Oil/Gas Pay

13921

Tubing Depth

13747

Perforations

13921-13927

4 SPF 90° phase 3 3/8" TCP

Depth Casing Shoe

15120

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE

CASING & TUBING SIZE

DEPTH SET

SACKS CEMENT

17 1/2

13 3/8

762

870 sk

10 3/4

5006

3135 sk

9 1/2

7 5/8

12066

2040 sk

6 1/2

5"

15120

580 sk

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

Date of Test

Producing Method (Flow, pump, gas lift, etc.)

Length of Test

Tubing Pressure

Casing Pressure

Choke Size

Actual Prod. During Test

Oil - Bbls.

Water - Bbls.

Gas- MCF

GAS WELL

Actual Prod. Test - MCF/D

Length of Test

Bbls. Condensate/MMCF

Gravity of Condensate

AOF 5900 McFd

4 hrs

53.077/1

56.6 @ 60 F

Testing Method (pilot, back pr.)

Tubing Pressure (Shut-in)

Casing Pressure (Shut-in)

Choke Size

back pressure

5865

0

4/64 5.5/64 6/64 6.5/64

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

7/24/91

Title

(195)682-6822

Date

Telephone No.

OIL CONSERVATION DIVISION

Date Approved

By

ORIGINAL SIGNED BY JERRY SEXTON

DISTRICT SUPERVISOR

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

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MOBBS OFFICE