

District I  
PO Box 1900, Hobbs, NM 88241-1900  
District II  
PO Drawer DD, Artesia, NM 88211-0719  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
PO Box 2088, Santa Fe, NM 87504-2088

State of New Mexico  
Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION  
PO Box 2088  
Santa Fe, NM 87504-2088

Form C-104  
Revised February 10, 1994  
Instructions on back  
Submit to Appropriate District Office  
5 Copies

☐ AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

Operator name and Address Pogo Producing Company P. O. Box 10340, Midland, TX 79702-7340		OGRID Number 017891
		Reason for Filing Code CO
API Number 30 - 0 25-27780	Pool Name Bootleg Ridge Morrow	Pool Code 72650
Property Code 9333	Property Name NBR	Well Number 2

II. Surface Location

UL or lot no. F	Section 18	Township 22S	Range 33E	Lot Idn	Feet from the 1980	North/South Line North	Feet from the 1864	East/West line West	County Lea
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Bottom Hole Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
Lac Code S	Producing Method Code	Gas Connection Date	C-129 Permit Number	C-129 Effective Date	C-129 Expiration Date				

III. Oil and Gas Transporters

Transporter OGRID	Transporter Name and Address	POD	O/G	POD ULSTR Location and Description
7440	EOTT Operating L.P. P. O. Box 1188, Houston, TX 77252	2175410	0	F-18-22S-33E
13382	Lland Inc	2175430		

IV. Produced Water

POD 2175450	POD ULSTR Location and Description
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V. Well Completion Data

Spud Date	Ready Date	TD	PBTD	Perforations
Hole Size	Casing & Tubing Size	Depth Set	Sacks Cement	

VI. Well Test Data

Date New Oil	Gas Delivery Date	Test Date	Test Length	Tbg. Pressure	Csg. Pressure
Choke Size	Oil	Water	Gas	AOF	Test Method

I hereby certify that the rules 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*

Printed name: Richard L. Wright

Title: Division Operations Manager

Date: Oct. 18, 1994 Phone: (915)682-6822

OIL CONSERVATION DIVISION

Approved by: *[Signature]*

Title: *[Signature]*

Approval Date: OCT 20 1994

If this is a change of operator fill in the OGRID number and name of the previous operator

Previous Operator Signature	Printed Name	Title	Date
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SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED BY
OCT 04 1983
O. C. D.
ARTESIA OFFICE

Operator  
**Pogo Producing Company**

Address  
**P.O. Box 10340 Midland, Texas 79702**

Reason(s) for Filing (Check proper box)

New Well	<input type="checkbox"/>	Change In Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change In Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input checked="" type="checkbox"/>

Other (Please explain)

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name <b>NBR</b>	Well No. <b>2</b>	Pool Name, Including Formation <b>Bootleg Ridge - Morrow</b>	Kind of Lease State, Federal or Fee	State <b>Lea</b>	Lease No. <b>L-4780</b>
Location Unit Letter <b>F</b> : <b>1980'</b> Feet From The <b>North</b> Line and <b>1864'</b> Feet From The <b>West</b>					
Line of Section <b>18</b> Township <b>22-S</b> Range <b>33-E</b> . NMPM, <b>Lea</b> County					

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate <input checked="" type="checkbox"/> <b>LOTT Energy Operating LP</b> <b>UPG, Inc.</b> Effective <b>4-1-94</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 2248, Andrews, Texas 79714</b>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <b>Llano, Inc.</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 1320, Hobbs, New Mexico 88240</b>	
If well produces oil or liquids, give location of tanks.	Unit <b>F</b>	Sec. <b>18</b>
	Twp. <b>22-S</b>	Rge. <b>33-E</b>
	Is gas actually connected? <b>Yes</b> When <b>11/15/82</b>	

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res't.	Diff. Res't.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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 Tanks	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
Testing Method (pilot, back pr.)	Tubing Pressure (shot-in)	Casing Pressure (shot-in)	Choke Size

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

  
(Signature)

Production Superintendent  
(Title)

Sept. 23, 1983  
(Date)

OIL CONSERVATION COMMISSION

OCT 6 1983

APPROVED \_\_\_\_\_, 19

BY **ORIGINAL SIGNED BY JERRY SEXTON**  
DISTRICT I SUPERVISOR

TITLE \_\_\_\_\_

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of conditions.

Separate Forms C-104 must be filled for each pool in multi-