

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

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

CORRECTED COPY

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Pogo Producing Company	Well API No. 30-025-31618
Address P.O. Box 10340, Midland, Texas 79702-7340	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of operator give name
and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name Federal 27	Well No. 1	Pool Name, including Formation Wildcat, Delaware	Kind of Lease State, Federal or Fee	Lease No. NM-69376
Location Unit Letter N : 2310 Feet From The West Line and 330' Feet From The South Line Section 27 Township 22 South Range 32 East, NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Enron Oil Trading & Trans. EOTI Energy Corp	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1188, Houston, Texas 77252					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Natural Gas Pipeline Transwestern Pipeline Corp	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 27	Twp. 22S	Rge. 32E	Is gas actually connected? No	When ? When Federal R-0-W is approved, + 30 days.

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 X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 06-18-92	Date Compl. Ready to Prod. 07-09-92		Total Depth 8850'		P.B.T.D. 8813'			
Elevations (DF, RKB, RT, GR, etc.) 3638 KB	Name of Producing Formation Delaware		Top Oil/Gas Pay 8330'		Tubing Depth 8274'			
Perforations 8330' - 8391'					Depth Casing Shoe 8850'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8"		850'		1060 - Circ 250			
11	8-5/8"		4600'		2158 - Circ 350			
7-7/8"	5-1/2"		3850'		1st Stg-885 Circ 157			
			Stage Tool @ 6183		2nd Stg-755 TOC 2360 CB			

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 07-13-92	Date of Test 08-23-92	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hours	Tubing Pressure N/A	Casing Pressure 40	Choke Size None
Actual Prod. During Test	Oil - Bbls. 50	Water - Bbls. 200	Gas - MCF 64

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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
Printed Name Richard L. Wright Title Div. Oper. Supv.
Date April 27, 1994 Telephone No. (915)682-6322

OIL CONSERVATION DIVISION

Date Approved APR 29 1994

By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I 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

APR 23 1994

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