Submit 5 Copies
Appropriate District Office
DISTRICT 1
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

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

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

I.

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator				<u> </u>			V	Vell A	Pl No.			
Pogo Produci						30-025-31661						
Address P.O. Box 103	840, M	lidland	, Tex	kas 797	702-7340						Ì	
Reason(s) for Filing (Check proper box) New Well Recompletion Change in Operator	Pogo respectfully requests permission to se approximately 1000 bbls test oil located in Sec. 28, T-22-S, R-32-E. Prod. facilities											
change of operator give name	Casinghe	14 Oz.	Conde	1824E		sently u						
nd address of previous operator	ANDED	A 070		.y	· 4/:						········	
I. DESCRIPTION OF WELL AND LEASE Name					ng Formation			(ind of	f Lease	L	ase No.	
Red Tank 28 Federa	Red Tank 28 Federal		Wi	ldca t,	Delaware			itale, F	ederal or Fee	NM-6	59377	
Location Linit Letter A	3	330	F F		North Lim	33	30	E	t From The	East	Line	
om zan	- •		_ Feet F			; =uq		rec	t From The		Line	
Section 28 Townshi	p 22 S	South	Range	32 E	ast , NI	MPM, LE	<u>ea</u>				County	
III. DESIGNATION OF TRAN	SPORTI			ID NATU							- ,	
Name of Authorized Transporter of Oil XX or Condensate Enron 011 Trading						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 Casing	ghead Gas		or Dry	Gas		e address to w					nt)	
If well produces oil or liquids,	Unit	Sec.	Twp. Rge.		is gas actually connected? When				?			
ive location of tanks.	A	28	225	32E	No		i	Comp	letion	of Prod	. Facilit	
f this production is commingled with that: V. COMPLETION DATA	from any of	her lease or	pool, gi	ve commingi	ing order numl	per:				· · · · · · · · · · · · · · · · · · ·		
	(V)	Oil Well		Gas Well	New Well	Workover	Deep	pen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion Date Spudded		pl. Ready to	Prod.		Total Depth		<u> </u>	I	P.B.T.D.	<u> </u>	1	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay				Tubing Depth			
Perforations					L				Depth Casing Shoe			
		minnia	G 4 61		On the	NG BEGOV	ND.		<u> </u>			
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE				CEMENTI	DEPTH SET				SACKS CEM	ENT	
	 											
V. TEST DATA AND REQUES OIL WELL (Test must be after t					he equal to or	exceed top al	lowable t	or this	denth or be	for full 24 hou	urs.)	
Date First New Oil Run To Tank	Date of T		oy load	01 4/2 //105		ethod (Flow, p				,,		
Length of Test	Tubing Pressure				Casing Pressure				Choke Size	Choke Size		
reaket of lest	Tuoing Pressure			Casing a resourc								
Actual Prod. During Test	Oil - Bbis.			Water - Bbis.				Gas- MCF				
GAS WELL	1				<u> </u>				<u>I</u>			
Actual Prod. Test - MCF/D	Length of	Test			Bbls. Conder	sate/MMCF			Gravity of	Condensate		
esting Method (pitot, back pr.) Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)				Choke Size				
sating Method (puot, pack pr.)												
VI. OPERATOR CERTIFIC 1 hereby certify that the rules and regu Division have been complied with and is true and complete to the best of my	lations of th that the inf	e Oil Conse ormation give	rvation		Date	OIL COI			ATION NOV 2		N	
Signature Barrett: L. Smith.	. Sr.	Opeņ.	Engi	neer	By_		W Barre					
Printed Name November 18, 1992		5)682-			Title	·			· · · · · · · · · · · · · · · · · · ·			
Date		Te	lephone	NO.	1 I							

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.