

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

Operator Pogo Producing Company	Well API No. 30-025-31720
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 Red Tank "34" Federal	Well No. 1	Pool Name, including Formation Wildcat (Atoka)	Kind of Lease State, Federal or Fee	Lease No. NM-77060
Location Unit Letter <u>B</u> : <u>660</u> Feet From The <u>North</u> Line and <u>1650</u> Feet From The <u>East</u> Line Section <u>34</u> Township <u>22-South</u> Range <u>32-East</u> , 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"/> EOTT Energy Corporation	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 of America	Address (Give address to which approved copy of this form is to be sent) HCR-60, Box 170, Lovington, New Mexico 88260					
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 34	Twp. 22-S	Rge. 32-E	Is gas actually connected? <u>yes</u>	When? 01/22/93

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
		X	X					
Date Spudded 9/23/92	Date Compl. Ready to Prod. 1/9/93		Total Depth 15,300'		P.B.T.D. 14,118'			
Elevations (DF, RKB, RT, GR, etc.) 3,660.0' GR	Name of Producing Formation Atoka		Top Oil/Gas Pay 13,969'		Tubing Depth 13,869'			
Perforations 13,969'-13,974'					Depth Casing Shoe 15,300'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8"		700'		994 sx-Circ 200 sx			
12-1/4"	9-5/8"		4,560'		2985 sx-Circ 173 sx			
8-1/2"	7"		12,006'		2250 sx			
6-1/8"	5"		14,304'		275 sx			
4-1/8"	3-1/2"		15,300'		45 sx			

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 1.247	Length of Test 1 hr	Bbls. Condensate/MMCF 0	Gravity of Condensate 0
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.

Richard L. Wright
Signature
Richard L. Wright Division Operations Mgr.
Printed Name
January 19, 1993 (915) 682-6822
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved JAN 22 1993
By ORIGINAL SIGNED BY JERRY SEXTON
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.

APR 22 1993

RECEIVED
JAN 22 1993
OCD HOBBS OFFICE