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Appropriate District Office
DISTRICE I
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, Artesia, NM 88210

## **OIL CONSERVATION DIVISION**

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

I.

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

perator										
Pogo Produci:	ng Company	′					30-0	25 <b>-</b> 31754		
idress					7010					
P.O. Box 103	40, Midlan	id, Te	exas	79702			<u></u>			
eason(s) for Filing (Check proper box)					Other (Please expla	rin)				
ew Well		nge in T		er of:		PANI	FIDEN	TIAL		
ecompletion	Oil		ry Gas			Frank A.	l la			
nange in Operator	Casinghead Gar THIS WELL H	s [_] C	Condens	ite	THE POOL					
change of operator give name  I address of previous operator	DESIGNATED	BELOW	. IF Y	OU DO N	OT CONCUR					
	NOTIFY_THIS	OFFICE	ξ	1. A	1 - 6				•	
DESCRIPTION OF WELL	AND LEASE	; 	We		1 Tank	2 M V:-4 -	(Lease	Lane	e No.	
ease Name Red Tank "28" Feder	1 97 61	3	OOI INSI		ng Formation R = 933 Delaware		Federal or Fee		9377	
	<u> </u>				\$/1/9	State, I				
ocation B	. 330'	1		Ne	orth line and 231	٥١		East		
Unit Letter	_ :	F	Feet From	m The	Line and	Fe	et From The	LUSU	Line	
	in 22S	_	_	32E	ммрм. Lea	•			Country	
Section 28 Townshi	p 223	<u>I</u>	Range	321	, NMPM, Lea				County	
	iedobted <i>c</i>	SE OII	ABIT	NIA TET II	DAT CAC					
I. DESIGNATION OF TRAN  ame of Authorized Transporter of Oil		Condensa		MAIU	Address (Give address to w	hich approved	copy of this for	n is to be sent)		
EOTT Energy Corp.	(XX) or (		[		P.O. Box 1188	, Houst	on, Texas	77252		
	nine of Authorized Transporter of Casinghead Gas XX or Dry Gas					Address (Give address to which approved copy of this form is to be sent)				
Transwestern Pipeline			, `		P.O. Box 1188, Houston, Texas 77					
well produces oil or liquids,	Unit Sec	. 17	Iwp.	Rge.	is gas actually connected?	When	7			
e location of tanks.			225	32E	Yes	i	April	28, 1993	3	
this production is commingled with that	from any other le	ase or D	ool, give	commingl	ing order number:	<u> </u>				
. COMPLETION DATA	• • • • • • • • • • • • • • • • • • • •				-					
	lo	il Well	G	as Well	New Well Workover	Deepen	Plug Back S	aine Res'v	Diff Res'v	
Designate Type of Completion	- (X)	Х	i		X	İ	1	i		
nte Spudded	Date Compl. R	eady to I	Prod.		Total Depth		P.B.T.D.			
March 14, 1993 April 13, 1993					10,153'		10	,107'		
evations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay		Tubing Depth				
3579.9 GR Brushy Canyon					8,344'		8	8,415'		
erforations							Depth Casing			
8344'-8434'							10	153		
TUBING, CASING AND				IG AND	CEMENTING RECO	SD				
	CASING & TUBING SIZE			136	DEPTH SET		SACKS CEMENT			
HOLE SIZE	CASIN			IZE						
17-1/2"	CASIN	13-3	3/8"	IZE	820	<b>)</b> '	1025 sx	(-circ 2		
17-1/2" 11"	CASIN	13-3 8-5	8/8" 5/8"	IZE	4,43	5'	1025 sx	(-circ 2 (-Circ 2	85 sx	
17-1/2"	CASIN	13-3 8-5	3/8"	IZE	820	5'	1025 sx	(-circ 2	85 sx	
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17-1/2" 11" 7-7/8"  TEST DATA AND REQUEIL WELL (Test must be after ate First New Oil Run To Tank April 18, 1993 ength of Test 24 hours ctual Prod. During Test  GAS WELL ctual Prod. Test - MCF/D esting Method (pitot, back pr.)  VI. OPERATOR CERTIFIC 1 hereby certify that the rules and reg	Date of Test Ap Tubing Pressur Oil - Bbls.  Length of Test Tubing Pressur CATE OF Constitutions of the Oil	13-3 8-5 5-1 LOWA wolume of ril 2 re 36	in)	993	820 4,43 10,15  be equal to or exceed top all Producing Method (Flow, pumping) Casing Pressure  Water - Bbis. 423  Bbis. Condensate/MMCF  Casing Pressure (Shut-in)	5' 5' 3' Slowable for th	1025 SX 1750 SX 1675 SX is depth or be for etc.)  Choke Size  Gas-MCF  Gravity of Co	C-circ 2 C-Circ 2 C-TOC @ Or full 24 hours	85 sx 2580'	
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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.