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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

CORRECTED COPY

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Pogo Producing Company	Well API No. 30-025-31850
Address P. O. Box 10340, Midland, TX 79702-7340	
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Other (Please explain) <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Transporter of: Change in Operator <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <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 Covington A Federal	Well No. 2	Pool Name, Including Formation Red Tank Bone Spring	Kind of Lease State, Federal or Fee	Lease No. NM-2379
Location Unit Letter <u>D</u> : <u>330</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>West</u> Line Section <u>25</u> Township <u>22S</u> Range <u>32E</u> , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil EOT Energy Corp	<input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1188, Houston, TX 77252		
Name of Authorized Transporter of Casinghead Gas Llano, Inc.	<input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 921 Sanger, Hobbs, NM 88240-4917		
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 25	Twp. 22S	Rge. 32E
Is gas actually connected?		When?		
No		12/23/93		

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 X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 11/18/93	Date Compl. Ready to Prod. 12/17/93		Total Depth 10,120'		P.B.T.D. 10,070'			
Elevations (DF, RKB, RT, GR, etc.) 3774, 1'	Name of Producing Formation Bone Spring		Top Oil/Gas Pay 9820'		Tubing Depth 9766'			
Perforations 9820'-9862' (42' - 84 holes)					Depth Casing Shoe 10,120'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 17-1/2 11 7-7/8	CASING & TUBING SIZE 13-3/8 8-5/8 5-1/2		DEPTH SET 630 4680 10,120		SACKS CEMENT 770 sx-circ 120 sx 1450 sx-circ 73 sx 1610 sx-TOC 2200			

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 12/24/93	Date of Test 1/17/94	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs	Tubing Pressure ---	Casing Pressure ---	Choke Size ---
Actual Prod. During Test	Oil - Bbls. 127	Water - Bbls. 103	Gas - MCF 160

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
Barrett L. Smith, Senior Operations Engineer

Intd Name
April 27, 1994

Date
(915)682-6822

Telephone No.

OIL CONSERVATION DIVISION

APR 29 1994

Date Approved

ORIGINAL SIGNED BY JERRY SEXTON

By 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.