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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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Pogo Producing Company	Well API No. 30-025-31855
Address P. O. Box 10340, Midland, Texas 79701	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" type="checkbox"/>	Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

CONFIDENTIAL

If change of operator give name
and address of previous operator

THIS WELL HAS BEEN PLACED IN THE POOL
DESIGNATED BELOW. IF YOU DO NOT WISH TO
JOIN THIS POOL

II. DESCRIPTION OF WELL AND LEASE

Lease Name Red Tank 26 Federal	Well No. 1	Pool Name, Including Formation Wildcat, Delaware	Kind of Lease State, Federal or Fee	Lease No. NM-86149
Location Unit Letter K : 1880 Feet From The South Line and 1880 Feet From The West Line Section 26 Township 22 South Range 32 East , NMIM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil EOTT Energy Corp	or Condensate EOTT Energy Operating LP	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1188, Houston TX 79752				
Name of Authorized Transporter of Casinghead Gas Transwestern Pipeline Co.	or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1188, Houston TX 79752				
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 26	Twp. 22S	Rge. 32E	Is gas actually connected? Yes	When? 6/05/93

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 <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back <input checked="" type="checkbox"/>	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod. 6/05/93		Total Depth 10,050'		P.B.T.D. 8,707'			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation Delaware		Top Oil/Gas Pay 8,399'		Tubing Depth 8,345'			
Perforations 8399-8471' OA, 72 holes					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

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 6/05/93	Date of Test 6/10/93	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hrs	Tubing Pressure 60	Casing Pressure 155	Choke Size 24 / 64"
Actual Prod. During Test	Oil - Bbls. 65	Water - Bbls. 26	Gas - MCF 53

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
June 11, 1993
Date
Title
Division Operations Mgr.
915/682-6822
Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUN 15 1993

By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- Separate Form C-104 must be filed for each pool in multiply completed wells.