

OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Pogo Producing Company	Well API No. 30-025-31855
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"/>

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 CONCUR  
PLEASE ADVISE THIS OFFICE

II. DESCRIPTION OF WELL AND LEASE

Lease Name Red Tank 26 Federal	Well No. 1	Pool Name, Including Formation Red Tank Bone Spring	Kind of Lease State, <u>Federal</u> or Fee	Lease No. NM-86149
Location Unit Letter <u>K</u> : <u>1880</u> Feet From The <u>South</u> Line and <u>1880</u> Feet From The <u>West</u> Line Section <u>26</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 Corp.	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"/> Transwestern Pipeline Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1188, Houston, Texas 77252					
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 26	Twp. 22S	Rge. 32E	Is gas actually connected? Yes	When? May 20, 1993

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 04/05/93	Date Compl. Ready to Prod.		Total Depth 10,050'		P.B.T.D. 10,004'			
Elevations (DF, RKB, RT, GR, etc.) 3708.0' GR	Name of Producing Formation Bone Spring		Top Oil/Gas Pay 9751'		Tubing Depth 9657'			
Perforations 9751'-9770' 2 JHPF					Depth Casing Shoe 10,050'			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8"	830'	1025 sx-Circ 245 sx
11"	8-5/8"	4635'	2020 sx-Circ 150 sx
7-7/8"	5-1/2"	10,050'	1565 sx-TQC @ 2384 CBL

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 05/10/93	Date of Test 05/25/93	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure N/A	Casing Pressure 30	Choke Size N/A
Actual Prod. During Test	Oil - Bbls. 20	Water - Bbls. 139	Gas - MCF 20

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 Div. Oper. Manager  
Printed Name May 26, 1993 Title (915)682-6822  
Date \_\_\_\_\_ Telephone No. \_\_\_\_\_

OIL CONSERVATION DIVISION

Date Approved JUN - 1 1993  
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.

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RECEIVED

MAY 20 1993

OCD HOBBS OFFICE