

Submit 5 Copies
Appropriate District Office
DISTRICT 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

OIL CONSERVATION DIVISION

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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator POGO PRODUCING COMPANY	Well API No. 30-025-31902
Address P. O. BOX 10340, MIDLAND, TEXAS 79702	
Reason(s) for Filing (Check proper box) New Well ☐ Change in Transporter of: Recompletion ☐ Oil ☒ Dry Gas ☐ Change in Operator ☐ Casinghead Gas ☐ Condensate ☐	
☒ Other (Please explain) TO CHANGE WELL NAME: PRESENT WELL NAME: "EXXON 27 FEDERAL"	
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name PRIZE FEDERAL	Well No. 2	Pool Name, Including Formation WEST RED TANK DELAWARE	Kind of Lease State, Federal or Fee	Lease No. NM 81272
Location Unit Letter P : 660 Feet From The SOUTH Line and 660 Feet From The EAST Line Section 27 Township 22 SOUTH Range 32 EAST, NMPM, LEA County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ EOTT Energy Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 4666, Houston, Texas 77210					
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Transwestern Pipeline	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1188, Houston, Texas 77251					
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 27	Twp. 22-S	Rge. 32-E	Is gas actually connected? Yes	When? May 1, 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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						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.)

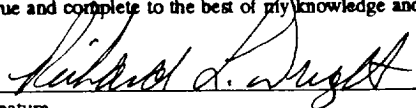
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	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, Division Operations Mgr.
Printed Name
November 23, 1993 915-682-6822
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved NOV 29 1993

By ORIGINAL SIGNED BY JERRY SEXTON
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.