

Submit 3 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

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

CORRECTED COPY

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator Pogo Producing Company		Well API No. 30-025-31932
Address P. O. Box 10340, Midland, TX 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"/>
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Red Tank 34 Federal	Well No. 2	Pool Name, Including Formation Red Tank, West Delaware	Kind of Lease State, Federal or Fee	Lease No. NM 77060
Location Unit Letter H : 1980 Feet From The North Line and 660 Feet From The East Line Section 34 Township 22S Range 32E , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Eott Energy Corp	Effective 4-1-94	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 Transwestern Pipeline Co.	<input checked="" type="checkbox"/> 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 77252				
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 34	Twp. 22S	Rge. 32E	Is gas actually connected? Yes	When? 11/16/93

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 <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Dilf Res'v
Date Spudded 9-9-93	Date Compl. Ready to Prod.		Total Depth 8900'		P.B.T.D. 8853'			
Elevations (DF, RAB, RT, GR, etc.) 3638.1'	Name of Producing Formation Brushy Canyon		Top Oil/Gas Pay 8446'		Tubing Depth 8386'			
Perforations 8446'-8468'					Depth Casing Shoe			
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 820 4570 8900		SACKS CEMENT 900 sxs-circ 312 sxs 2050 sxs-circ 270 sxs 1530 sxs-TQC stg tool @ 5856			

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 10/18/93	Date of Test 11/16/93	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24	Tubing Pressure ----	Casing Pressure ----	Choke Size ----
Actual Prod. During Test	Oil - Bbls. 133	Water - Bbls. 249	Gas - MCF 83

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 Smith, Senior Operations Eng.  
Printed Name  
April 26, 1994  
Date  
Telephone No.  
(915) 682-6822

OIL CONSERVATION DIVISION

APR 29 1994

Date Approved  
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.