Submit 5 Copies
Appropriate District Office
DISTRICT 1
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

DISTRICE II P.O. Diawer DD, Antesia, NM 88210

OIL CONSERVATION DIVISION P.O. Box 2088

DISTRICT III IUXX Rio Brazos Rd., Aztec, NM 87410		Sa	ma re,	new Me	XICO 6730	4-2000					
I.						UTHORIZ					
Perator TO THE HITCH OTHER PROTECTION								Weil API No.			
Pogo Producing Company 3								0-025-31932			
P. O. Box 10340, N	Midlan	d, TX	79702-	-7340							
Reason(s) for Filing (Check proper box)					Othe	r (Please expl	zin)				
New Well Recompletion	Oil	Change in	Transpor	 1							
Change in Operator	Casinghe		Conden			00	STEIN!	FNTIA	\L		
If change of operator give name and address of previous operator				ГНI	S WELL HA	S REEN DI	ACED IN TH	F 500			
II. DESCRIPTION OF WELL A	NDIE	ACE		DES	SIGNATED B	BELOW. IF Y	OU DO NOT	CONCUR			
Lease Name	Name Well No. Pool Name, Includin								1		
Red Tank 34 Federa	a 1	2	Red	Tank,	West De	laware	State,	Federal or Fee	NM 77	060	
Location Unit Letter 8 H	:19	80	_ Feet Fn	NO The MO	rth Lim	s and66	0Fe	et From The _	East	Line	
Section 34 Township	2	25	Range	32E	, Ni	MPM,	Lea			County	
III. DESIGNATION OF TRANS	SPORTI	ER OF O	IL AN	D NATU							
Name of Authorized Transporter of Oil X or Condensate Address (Give address to which approved copy of this form is to be sent) Entt Energy Corp P. O. Box 1188, Houston, TX 77252											
Name of Authorized Transporter of Casing	head Gas		or Dıy	Gas [n , λ / / copy of this fo		nt)	
Transwestern Pipeli	ne (0			P. 0.	Box 1188	, Housto	n, TX 77	252		
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rg				is gas actually connected? When Yes			11/16/93			
If this production is commingled with that f	I					ber:		11/10	0/ 93		
IV. COMPLETION DATA											
Designate Type of Completion	- (X)	Oil We 	u į (X I	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Dill Res'v	
Date Spankled	Date Cor	npl. Ready			Total Depth			P.B.T.D.			
9-9-93					Top Oil/Car	89001			8853 '		
Elevations (DF, RKB, RT, GR, etc.) 3638.1	DF, RKB, RT, GR, etc.) Name of Producing Formation Brushy Canyon					Top Oil/Gas Pay 8446 '			Tubing Depth 8386		
Perforations 8446'-8468'						,			Depth Casing Shoe		
	·	·	·		CEMENT	ING RECO					
HOLE SIZE 17-1/2	CASING & TUBING SIZE				DEPTH SET 820			900 sxs-circ 312 sxs			
11	8-5/8			4570				2050 sxs-circ 270 sxs			
7-7/8	5-1/2					8900			1530 sxs-TOC		
V. TEST DATA AND REQUES	 EOD	ALLOU	VANITE		<u> </u>			Istg to	0 585	6	
OIL WELL (Test must be after t					s be equal to o	or exceed top a	llowable for th	is depth or be	for full 24 ho	urs.)	
Date First New Oil Run To Tank						Producing Method (Flow, pump, gas lift, etc.)					
10/18/93 Length of Test	11/16/93 Tubing Pressure				Pump Casing Pres	Casing Pressure			Choke Size		
24											
Actual Prod. During Test	Oil - Bb	Oil - Bbls.				Water - Bbla.			Gas- MCF		
CARTURE	<u> </u>	133	······································		1 2	49			.83		
GAS WELL Actual Prod. Test - MCIVD	Length	of Test			Bbls. Conde	ensale/MMCI		Gravity of	Condensate		
l'esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC				NCE		חוו הר	NSERV	/ATION	DIVISI	ON	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that/the information given above						OIL CONSERVATION DIVISION Date Approved NOV 19 1993					
is true and complete to the best of my knowledge and belief.					Dat	te Approv	_{ved N} (ov 19 19	393		
13 + U1 - 1-1											
Signature					Ву	<u>O</u> 1		SNED BY JI		ON	
Barrett Smith, Senior Operations Eng.						ام	DISTR	CT I SUPER	VISOR		
November 17, 1993	······				Titl	I U					
Date			l'elephone	140.		contract the contract of		an an water an amerika	and the second	कार को क्लीमां जिल्हा हुए। देवे क्लीक बंद ाकर	

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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