

Submit 5 Copies
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. 30-025-32036
Address P. O. Box 10340, Midland, TX 79701-7340		
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	CORRECT POOL NAME
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		

THIS WELL HAS BEEN PLACED IN THE POOL
DESIGNATED BELOW. IF YOU DO NOT CONCUR
NOTIFY THIS OFFICE. R-10177 9/1/94

II. DESCRIPTION OF WELL AND LEASE

Lease Name Covington "A" Federal	Well No. 9	Pool Name, Including Formation Red Tank Delaware West	Kind of Lease State, Federal or Fee	Lease No. NM-2379
Location Unit Letter <u>N</u> : <u>480</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>West</u> Line Section <u>25</u> Township <u>22S</u> Range <u>32E</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 Operating LP	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 <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Transwestern	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 N	Sec. 25
	Twp. 22S	Rge. 32E
	Is gas actually connected? Yes	
	When? 11/19/93	

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 <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v <input type="checkbox"/>	Diff Res'v <input type="checkbox"/>
Date Spudded 9/28/93	Date Compl. Ready to Prod. 11/5/93		Total Depth 10,100'		P.B.T.D. 10,055'			
Elevations (DF, RKB, RT, GR, etc.) 3762.4 GR	Name of Producing Formation Bone Spring Delaware		Top Oil/Gas Pay 8463'		Tubing Depth 8403'			
Perforations 8463'-8551', 8610'-8624'					Depth Casing Shoe 10,100'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2	13-3/8		852		1000 sx-circ 350 sx			
11	8-5/8		4700		1600 sx-circ 60 sx			
7-7/8	5-1/2		10,100		1800 sx-TOC 3350'			

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 11/20/93	Date of Test 11/24/93	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs	Tubing Pressure ----	Casing Pressure ----	Choke Size ----
Actual Prod. During Test	Oil - Bbls. 238	Water - Bbls. 238	Gas - MCF 119

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.

Richard L. Wright
Signature
Richard L. Wright, Division Operations Manager
Printed Name
Nov. 24, 1993
Date
(915)682-6822
Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAY 13 1994
By ORIGINAL SIGNATURE OF DIVISION
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.