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

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	DISTRICT III Santa Fe, New Mexico 87504-2088				
_			BLE AND AUTHORIZA	TION	
I. Operator	TO TRA	INSPORT OIL	AND NATURAL GAS		
Pogo Producing Company	roducing Company			Weil API No. 30-025-32036	
P. O. Box 10340, Midla	ınd, TX 79701-	-7340			
Reason(s) for Filing (Check proper box)		4	Other (Please explain)		
New Well		Transporter of:	-	A Command Street of Street Street	
Recompletion Oil Dry Gas Change in Operator Casinghead Gas Condensate					
If change of operator give name and address of previous operator THIS WELL HAS BEEN PLACED IN THE POOL					
II. DESCRIPTION OF WELL AND LEASE DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE. Lease Name Well No. Beed New Leaving Front State of State o					
Covington "A" Federal	Well No.	Undes Red	og Formation Lank Bone Spring	Kind of Lease State rederator Fee NM-2379	
Unit Letter N	. 480	East East 71	South Line and 1980	Wost	
0.5		00=		Feet From The West Line	
Section 25 Townshi	<u>22S</u>	Range 32E	, NMPM, Le	ed County	
III. DESIGNATION OF TRAN	SPORTER OF O	IL AND NATU	RAL GAS		
Name of Authorized Transporter of Oil EOTT Energy Corp	or Conden	sale	Address (Give address to which P. O. Box 1188,	approved copy of this form is to be sent)	
Name of Authorized Transporter of Casing		or Dry Gas		douston,TX 77252 approved copy of this form is to be sent)	
Transwestern Poeli	Unit Sec.	Thum I Day	P. O. Box 1188, F	louston, TX 77252	
give location of tanks.	N 25	22S 32E	ls gas actually connected? Yes	When 7 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	Gas Well		Deepen Plug Back Same Res'v Diff Res'v	
Date Spudded 9/28/93	Date Compl. Ready to	Prod.	Total Depth	P.B.T.D.	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		10,100' Top Oil/Gas Pay	10,055'	
3762.4 GR Bone Spring		8463	Tubing Depth 8403 '		
8463'-8551', 8	610'-8624'			Depth Casing Shoe	
	TUBING,	CASING AND	CEMENTING RECORD	10,100	
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 ¹	
V. TEST DATA AND REQUES	 T FOR ALLOWA	BLE			
OIL WELL (Test must be after re			be equal to or exceed top allowal	ole for this depth or be for full 24 hours.)	
Date Liter Lies Off King To Tauk	Date of Test		Producing Method (Flow, pump,	gas lift, etc.)	
11/20/93	11/24/93		Pumping		
Length of Test 24 hrs	Tubing Pressure		Casing Pressure	Choke Size	
Actual Prod. During Test	Oil - Bbls.		Water - Bbls.	Gas- MCF	
CAS WELL	238		238	119	
GAS WELL Actual Prod. Test - MCF/D	Length of Test		Bbls. Condensate/MMCF	Gravity of Condensate	
Testing Method (-ites Leaf	Tuhing Pressure /Chut in)				
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)	Choke Size	
VI. OPERATOR CERTIFIC	ATE OF COMP	LIANCE	OIL COMO	EDVATION DIVIDION	
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		
is true and complete to the best of my knowledge and belief.			Date Approved		
Mulandella	st		- Dato Apploved		
Signature Kichard L. Wright, Division Operations Manage				Orig. Signe. Paul Kautz	
Printed Name Nov. 24, 1993 (915)682-6822			Title	Geologist	
Date 1993		822 phone No.			

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.