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Appropriate District Office
DISTRICE 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

## **OIL CONSERVATION DIVISION**

P.O. Drawer DD, Artesia, NM 88210	P.O. Box 2088					ОСТ <b>-</b> 5 <b>1993</b>				
DISTRICTIII		Sant	a Fe, New M	exico 8750	exico 87504-2088					
1000 Rio Brazos Rd., Aztec, NM 87410	REQU	EST FOR	R ALLOWAE	BLE AND A	AUTHORIZ	ATION	314	h Ada Sabarah		
1.			SPORT OIL			S		~* }		
Operator Dona do a dona do				Well A						
Pogo Producing Com	pany			· · · · · · · · · · · · · · · · · · ·		30-	025-3203	7		
P. O. Box 10340, M	idland	TY 707	02-73/10							
Reason(s) for Filing (Check proper bax)	i a i a i a i	1	02-7340	Othe	t (Please explai	in)				
New Well		Change in Tr	ansporter of:		•	•	<b>.</b>			
Recompletion		U	UNFI	DENT	IAL					
Change in Operator If change of operator give name	Casinghead	Gas C	ondensate	<del></del>						
and address of previous operator	<del> </del>		TJ	IS WELL H	AS BEEN PL	ACED IN T	HE POOL	·····		
II. DESCRIPTION OF WELL	AND LEA	SE	Di N	ESIGNATED I OTIEV THIS	BELOW. IF Y	I la 3	II CONCOR			
Lease Name		Well No. P	ool Name, Includi	ng Formation	R9843	Kind o	Lease		ase No.	
Covington "A" Fede	ral	18  R	<u>ed Tank Bo</u>	<u>one Sprir</u>	ig Undes	_ State,	Federal or Fee	NM-2	3/9	
n	, 330	_		lonth	1.000			F	,	
Unit Letter B	:	19	eet From The	tor til Line	and	Fe	et From The	<u> Fast</u>	Line	
Section 26 Township	, 22S	R	ange 32E	, NN	ирм, Lea			·	County	
III DECICNATION OF TO AN	chones		A S IPS S I A POPE II	<b>.</b>						
III. DESIGNATION OF TRANS Name of Authorized Transporter of Oil				Address (Give	address to whi	ch approved	copy of this for	m is to be se	nt)	
EOTT Energy Corp	COITE	nergy Op	eration D\		ox 1188,					
Name of Authorized Transporter of Casing	HERO CAR -	ALAH G 401	Egyt Gas	Address (Give	address to whi	ch approved	copy of this for	m is to be se	nr)	
If well produces oil or liquids,	33100		1 5		ox 1188,			7252	·	
give location of tanks.		•	wp.   Rge. 22S   32E	is gas actually Yes	connected?	When	10-1-9	วร		
If this production is commingled with that f	·				er:	L	10 1			
IV. COMPLETION DATA	-									
Designate Type of Completion	- (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back S	ame Res'v	Diff Res'v	
Date Spudded	· ,	l. Ready to Pr	nod.	X Total Depth			P.B.T.D.		1	
7-23-93	9-17-			10.08	0'		10,0	1331		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth			
3731.6 GR	GR Bone Springs				9974			9910		
9974-10,000 2	cnf 52	holoc					Depth Casing			
33, 1 10,000 2			ASING AND	CEMENTIN	AG RECORI	`	10,0	080		
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
17-1/2	13-3/8			826			1000 sx-circ 200 sx			
7.7/0	8-5/8			4620			1600 sx			
7-7/8	5-1/2			10,080			1200 sx-	TOC 479	96 CBL	
V. TEST DATA AND REQUES				I	· · · · · · · · · · · · · · · · · · ·	<del></del>	I			
OIL WELL (Test must be after re			load oil and must	be equal to or	exceed top allo	wable for thi	depth or be fo	r full 24 how	rs.)	
Date First New Oil Run To Tank 9-25-93	Date of Tes	-			thod (Flow, pw	np, gas lift, e	tc.)			
Length of Test	10-3-93 Tubing Pressure			Pump Casing Pressure			Choke Size			
24 hrs	50#			50#			None			
Actual Prod. During Test	Oil - Bbls.			Water - Bbis.			Gas- MCF			
	103			170			92			
GAS WELL Actual Prod. Test - MCF/D				•						
Actual Prod. 1est - MCP/D	Length of	iest .		Bbls. Conden	sate/MMCF		Gravity of Co	ndensale		
l'esting Method (pitot, back pr.)  Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
			•							
VI. OPERATOR CERTIFIC	ATE OF	COMPL	IANCE					· · · · · · · · · · · · · · · · · · ·		
I hereby certify that the rules and regulations of the Oil Conservation				OIL CONSERVATION DIVISION						
Division have been complied with and that the information given above is true and pomplete to the best off myknowledge and belief.				Date Approved CT 0 8 1993						
				Date	Approved	Just 6	י וטשט		<del></del>	
Kulped ( . C) well										
Signature Richard L. Wright, Division Operations Mana				By Orig. Signed by Paul Rautz						
ringed Name Title				Geologist Title						
10-4-93 Date	(	915)682				·····	<del></del>		<u>-</u>	
		i eleph	one No.	11						

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

111)

- 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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