		State of New	w Mexico				Form C-10	-+	
Submit 5 Copies Appropriate District Office DISTRICT 1	Energy, Mine	ral Resources Department			Revised 1-1-89 See Instructions				
P.O. Box 1980, Hobbs, NM 88240 DISTRICT II	OIL CONSERVATION DIV P.O. Box 2088								
P.O. Drawer DD, Antesia, NM 88210 DISTRICT III	Santa	Fe, New Me		4-2088	ſ	DCT - 5 1	993		
1000 Rio Brazos Rd., Aztec, NM 87410	REQUEST FOR TO TRANS						¥3		
Operator					Well Al				
Pogo Producing Com					30-0	025-32037			
P. O. BOX 10340, M Reason(s) for Filing (Check proper bax)	idland, 1X /9/0	2-/340	Othe	r (Please expla	in)				
New Well	Change in Tran	· / / / /		C	ONEU	DENTI	a .		
Recompletion	Oil Dry Casinghead Gas Con	Gas 🛄			VINEI	DENI	AL		
If change of operator give name and address of previous operator	<u> </u>	тн	IS WELL H	AS BEEN PL	ACED IN TH	E POOL			
II. DESCRIPTION OF WELL A	AND I FASE	DE	SIGNATED	BELOW. IF Y	OU DO NO	T CONCUR			
Lease Name	Well No. Poo	NC Name, Includin	g Formation	<u>OFFICE. 3</u> RY843	Kind of			se No.	
Covington "A" Feder	ral 18 Re	d Tank Bo	<u>ne Spri</u>	ig Undes	<u> </u>	ederal or Fee	NM-23	/9	
Unit LetterB		t From The <u>N</u>	orth Lim	and <u>198(</u>	) Fee	t From The	ast	Line	
Section 26 Township	, 225 Rat	nge 32E	, NI	<mark>ирм, L</mark> ea	1			County	
III. DESIGNATION OF TRANS		AND NATU		address to us	ich annousd	copy of this for	r is to be sen	()	
Name of Authonized Transporter of Oil X or Condensate Address (Give address to which approved copy of this form is to be sent) EOTT Energy Corp P. 0. Box 1188, Houston, TX 77252							<i>''</i>		
Name of Authorized Transporter of Casinghead Gas XX or Dry Gas Transwestern			Address (Give address to which approved copy of this form is to be sent) P. O. Box 1188, Houston, TX 77252					t)	
If well produces oil or liquids, give location of tanks.					When				
If this production is commingled with that f IV. COMPLETION DATA	rom any other lease or pool	, give commingli	ng order num	xer:					
Designate Type of Completion -	- (X) Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back S	ame Res'v	Diff Res'v	
Date Spudded 7-23-93	Date Compl. Ready to Pro 9-17-93	d.	Total Depth	י היי פרוי	J	P.B.T.D.	221	1	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Forma	10,080' Top Oil/Gas Pay			10,033 ' Tubing Depth				
3731.6' GR	Bone Springs	9974			9910 Depth Casing Shoe				
9974-10,000 2 spf 52 holes							10,080		
	TUBING, CA	CEMENTING RECORD			SACKS CEMENT				
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET 826			1000 sx-circ 200 sx			
	8-5/8		4620			1600 sx			
7-7/8	5-1/2		10,080			1200 sx-TOC 4796 CBL		6 CBL	
V. TEST DATA AND REQUES			I		<u> </u>				
OIL WELL (Test must be after r Date First New Oil Run To Tank	ecovery of total volume of la Date of Test	oad oil and must		exceed top all ethod (Flow, p			r full 24 how	3.)	
9-25-93	10-3-93	Pump	(* •••••, p	···· 〒 , 0 · 9 • , •					
Length of Test	Tubing Pressure		Casing Pressure			Choke Size			
24 hrs	50#		50# Water - Bbis.			Gas- MCF			
Actual Prod. During Test	Oil - Bbls. 103		170			92			
GAS WELL									
Actual Prod. Test - MCF/D	Length of Test		Bbls. Condensate/MMCI <sup>2</sup>			Gravity of Condensate			
Testing Method (pitot, 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			OIL CONSERVATION DIVISION Date Approved						
is true and complete to the best of my	knowledge and belief.		Dat	e Approve	ed 1.1 0	o 1 <b>993</b>		<u> </u>	
Kultud L. Wult			By	By Orig. Signed by					
Signature Richard L. Wright,	, Division Operations Mana				Geolog	jet	it		
Printed Name 10-4-93	(915)682 <sup>T</sup>	ue -6822	Title	)					
Date	Teleph	one 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.

Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
Separate Form C-104 must be filed for each pool in multiply completed wells.

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