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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 17891		Well API No. 30-025-32103
Address P. O. Box 10340, Midland, TX 79702-7340		
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> <input type="checkbox"/> Other (Please explain) Recompletion <input type="checkbox"/> <input type="checkbox"/> Change in Transporter of: Change in Operator <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
If change of operator give name and address of previous operator		

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Approval to take casinghead gas from this well must be obtained from the BUREAU OF LAND MANAGEMENT (BLM)

II. DESCRIPTION OF WELL AND LEASE

Lease Name Red Tank 23 Federal 9340	Well No. 2	Pool Name, Including Formation West Red Tank Delaware 51687	Kind of Lease State (Federal) or Fee	Lease No. NM-69375
Location Unit Letter I : 2110 Feet From The South Line and 990 Feet From The East Line Section 23 Township 22S Range 32E , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil EOTT Energy Corp. Effective 4-1-94	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 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 P Sec. 23 Twp. 22S Rge. 32E	Is gas actually connected? No When? 12/31/93

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	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 10/26/93	Date Compl. Ready to Prod. 12/10/93	Total Depth 10,020'	P.B.T.D. 8665'					
Elevations (DF, RKB, RT, GR, etc.) 3721,8' GR	Name of Producing Formation Brushy Canyon	Top Oil/Gas Pay 8462'	Tubing Depth 8415'					
Perforations 8462'-8488'			Depth Casing Shoe 10,020'					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17-1/2	13-3/8	865	1000 sx-circ 200 sx					
11	8-5/8	4686	1950 sx-circ 200 sx					
7-7/8	5-1/2	10,020	1805 sx-TOC @ 1950'					

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 12/24/93	Date of Test 1/4/94	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. 103	Water - Bbls. 258	Gas - MCF 87

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.

Signature
Barrett L. Smith, Senior Operations Engineer
1/4/94 (915) 682-6822
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved JAN 07 1994

By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

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.