

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., Aztec, NM 87410

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
 TO TRANSPORT OIL AND NATURAL GAS**

Operator Pogo Producing Company		Well API No. 30-025-32143
Address P. O. Box 10340, Midland, TX 79702-7340		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

CONFIDENTIAL

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.

II. DESCRIPTION OF WELL AND LEASE

Lease Name Brazos Prize Federal	Well No. 3	Pool Name, Including Formation Red Tank Bone Spring Delaware	Kind of Lease State, Federal or Fee	Lease No. NM-81272
Location Unit Letter <u>I</u> : 1980 Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>East</u> Line Section <u>27</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 or Gas or Condensate EOTT Energy Corp.	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 Sec. Twp. Rge. Is gas actually connected? When ? 27 22S 32E No 12/9/93

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 11/6/93	Date Compl. Ready to Prod. 12/2/93	Total Depth 8855'	P.B.T.D. 8809'					
Elevations (DF, RKB, RT, GR, etc.) 3658.8' GR	Name of Producing Formation Brushy Canyon	Top Oil/Gas Pay 8368'	Tubing Depth 8280'					
Perforations 8368' - 8402'	Depth Casing Shoe 8855'							
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17-1/2	13-3/8	815	1000 sx-circ 250 sx					
11	8-5/8	4537	1800 sx-circ 280 sx					
7-7/8	5-1/2	8855	1425 sx-TOC @ 2240'					

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of total 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 12/4/93	Date of Test 12/6/93	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs	Tubing Pressure 350 psi	Casing Pressure 1020 psi	Choke Size 14/64"
Actual Prod. During Test	Oil - Bbls. 150	Water - Bbls. 50	Gas- MCF 177

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.

Barrett L. Smith
 Signature
 Barrett L. Smith, Senior Operations Engineer
 Printed Name
 12/8/93
 Date
 (915) 682-6822
 Telephone No.

OIL CONSERVATION DIVISION

Date Approved DEC 10 1993
 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.