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, Antesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brizos Rd., Aziec, NM 87410		•	xico 87504-2088					
I.		· · · ·	LE AND AUTHORI AND NATURAL G	AS				
Operator Pogo Producing Co	ompany			Well API No. 30-025-32143				
Address P. O. Box 10340,	Midland, TX	79702-7340						
Reason(s) for Filing (Check proper box)			Other (Please exp	lain)				
New Well Recompletion Change in Operator	Oil Dry Gas Casinghead Gas Condensate			CONFIDENTIAL				
change of operator give name nd address of previous operator		THIS WELL HA	AS BEEN PLACED IN T BELOW. IF YOU DO N	THE POOL				
LEASE NAME EXXON 37		NUTLY THIS	OFFICE.		f Lease	ic	ase No.	
<u>Prize</u> Federal	3 1	Red Tank B	one Spring Nelc		Federal or Fee	NM-81		
ocation Unit LetterI	: 1980	Feet From The	South Line and 660) . Fo	et From The	East	Line	
Section 27 Township	, 22S	Range 32E	, NMPM,	Lea			County	
II. DESIGNATION OF TRANS	SPORTER OF O	II. AND NATUI	RAL GAS					
lame of Authorized Transporter of Oil XX 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 Casing Transwestern	glicad Gas XX	or Dry Gas	Address (Give address to P. O. Box 1188	copy of this form is to be sens) 1,TX 77252				
If well produces oil or liquids, give location of tanks.	Unit S∞c.	Twp. Rge. 22S 32E	is gas actually connected?		7 12/9/93			
f this production is commingled with that if V. COMPLETION DATA	from any other lease of	pool, give commingl	ing order number:					
Designate Type of Completion	Oil We	II Gas Well	New Well Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	- (X) X Date Compl. Ready	to Prod.	X Total Depth		P.B.T.D.			
11/6/93	12/2/93		8855 ¹		8809'			
Elevations (DF, RKB, RT, GR, etc.) 3658.81 GR	Name of Producing Formation Brushy Canyon		Top Oil/Gas Pay 8368 ¹		Tubing Depth 3280 '			
Perforations 8368' -8402'	1	Depth Casing Shoe 8855						
0300 0402	TUBING	, CASING AND	CEMENTING RECO	ORD	<u> </u>			
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 1425 sx-TOC @ 2240'			
7-7/8	5-1/2		8855		1425 SX	1425 SX-100 @ 2240		
V. TEST DATA AND REQUES OIL WELL (Test must be after 1			t be equal to or exceed top	allowable for th	is depth or be f	or full 24 ho	urs.)	
Date First New Oil Run To Tank 12/4/93	Date of Test 12/6/93		Producing Method (Flow, Flowing			, , * , , , , , , , , , , , , , , , , ,		
Length of Test	Tubing Pressure	Tubing Pressure		Casing Pressure 1020 psi		Choke Size		
24 hrs Actual Prod. During Test	350 psi Oil - Bbls.		Water - Bbls.		Gas- MCF			
7,000	150		50		177			
GAS WELL Actual Prod. Test - MCI/D	Length of Test		Bbls, Condensate/MMCI	1	Gravity of C	ondensate		
	_							
lesting Method (pitot, back pr.)	Tubing Pressure (Si	iut-in)	Casing Pressure (Shut-in)		Choke Size			
VI. OPERATOR CERTIFIC			Oll Co	ONSERV	/ATION	DIVISI	ON	
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 any knowledge and belief.			Date Approved DEC 1 () 1993					
Bul	11)		- 11					
Signature Barrett L. Smith, Ser	Ву	ORIGINAL S	IGNED BY . RICT I SUPE		KTON			
Printed Name Title			Title					
12/8/93 Date	r (915)682	elephone No.						
£2		-	. 11	4 W. 12 12	a eggs and a galacter	Sec. 18	20 - 20 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	

- 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.

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