

Submit 5 Copies
Appropriate District Office
DISTRICT I
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

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

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. 30-025-32149 |
| 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: <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> |
| Recompletion <input type="checkbox"/> | Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> |
| Change in Operator <input type="checkbox"/> | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |
| If change of operator give name and address of previous operator | |

CONFIDENTIAL

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|--|---------------|--|--|-----------------------|
| Lease Name East Livingston Ridge Unit | Well No. 3 | Pool Name, Including Formation East Livingston Ridge Delaware | Kind of Lease State, Federal or Fee | Lease No. NM-32411 |
| Location Unit Letter G : 2130 Feet From The North Line and 1980 Feet From The East Line Section 18 Township 22S Range 32E , NMPM, Lea County | | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | |
|--|---|
| Name of Authorized Transporter of Oil 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 Llano Inc. | Address (Give address to which approved copy of this form is to be sent) 921 Sanger, Hobbs, NM 88240 |
| If well produces oil or liquids, give location of tanks. | Unit A Sec. 18 Twp. 22S Rge. 32E Is gas actually connected? Yes When? 10-1-93 |

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 X | Gas Well | New Well X | Workover | Deepen | Plug Back | Same Res'v | Diff Res'v |
| Date Spudded 8-24-92 | Date Compl. Ready to Prod. 9-23-93 | Total Depth 8782' | P.B.T.D. 8737' | | | | | |
| Elevations (DF, RKB, RT, GR, etc.) 3711.2' | Name of Producing Formation Delaware | Top Oil/Gas Pay 8492' | Tubing Depth 8407' | | | | | |
| Perforations 8492'-8542' | Depth Casing Shoe 8782' | | | | | | | |
| TUBING, CASING AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT | | | | | |
| 17-1/2 | 13-3/8 | 700' | 960 sx-circ 200 sx | | | | | |
| 11 | 8-5/8 | 4474' | 1750 sx-circ 120 sx | | | | | |
| 7-7/8 | 5-1/2 | 8782' | 1630 sx-TQC 1292 | | | | | |

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 9-26-93 | Date of Test 9-28-93 | Producing Method (Flow, pump, gas lift, etc.) Pumping | |
| Length of Test 24 hrs | Tubing Pressure 50# | Casing Pressure 50# | Choke Size N/A |
| Actual Prod. During Test | Oil - Bbls. 39 | Water - Bbls. 412 | Gas - MCF 30 |

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
Richard L. Wright, Division Operations Mgr.
Printed Name
9-30-93
Date
(915)682-6822
Telephone No.

OIL CONSERVATION DIVISION

Date Approved OCT 08 1993

By
Orig. Signed by
Paul Kautz
Geologist

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.