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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

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 OIL CONSERVATION DIVISION

P.O. Box 2088
New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, New Mexico 87504-2088

, , , , , , , , , , , , , , , , , , , ,						AUTHORIZ					
Operator		IO IHA	NOPURI	UIL P	ANU NA	TURAL GA		PI No.			
Pogo Producing			30-025-32149								
Address P. O. Box 1034	O, Midl	and, T	79702 <i>-</i>	7340	. —						
Reason(s) for Filing (Check proper box)					Oth	er (Please expla	in)				
New Well			Transporter of	<u>.</u>	***		001	1			
Recompletion []	Oil	_	Dry Gas		46 C.	4 E C	CO	ALIDE	ENTIA	\L	
Change in Operator	Casinghea	d Gas	Condensate	<u> </u>	001 - 4	1993		····			
nd address of previous operator		<del></del>		···							
I. DESCRIPTION OF WELL	AND LEA		<del> :</del>	<del> </del>		υ. ••••••••••••••••••••••••••••••••••••	V:- 4		<del></del>	ease No.	
Lease Name East Livingston Ridg	e Unit	Well No.	Pool Name, In East Li	vina:	ston Ri	dge Dela	WarreState,	Federal or Fe			
Location		l1				-30 20.0				·	
Unit LetterG	_ :21	.30	Feet From Th	Nor	th Lin	e and <u>1980</u>	Fe	et From The	East	Line	
Section 18 Townshi	<b>p</b> 22S		Range 32E			мрм,	Lea			County	
	CDODEE				AT GAS		- 1				
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil		or Condens		ATUR	AL GAS Address (Giv	e address to wh	ich approved	copy of this f	orm is to be s	eni)	
EOTT Energy Corp.					•			TX 77252			
Name of Authorized Transporter of Casinghead Gas 📈 or Dry Gas					Address (Giv	e address to wh	ich approved	copy of this form is to be sent)			
Llano Inc.  If well produces oil or liquids,	Unit Sec. Twp.				921 Sanger, Hobbs, NM Is gas actually connected? When						
if well produces on or liquids, give location of tanks.	A	18	22S 32		Yes		i wien	10-1-	93		
If this production is commingled with that	from any oth	er lease or p	ool, give com	uningling	g order num	ber:					
IV. COMPLETION DATA		1				(		l n n	le Desku	Diff Back	
Designate Type of Completion	- (X)	Oil Well	Gas W	i_	New Well	Workover	<b>Деереп</b>	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.) Name of Producing Formation				т	Top Oil/Gas Pay			Tubing Depth			
3711.2' Delaware					8492 '			8407 '			
Perforations 8492'-8542'								Depth Casing Shoe			
8492 -8542		TIDNG	CASING	AND C	EMENTI	NC PECOP	D	<u> </u>	8782 <b>'</b>		
HOLE SIZE	TUBING, CASING ANI 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-	5-1/2			8782'			1630 sx-TOC 1292			
V. TEST DATA AND REQUE	ST FOR	ALLOWA	RLE		<del></del>			1			
OIL WELL (Test must be after t	recovery of t	otal volume (	of load oil and	d must be	e equal to o	exceed top allo	owable for the	is depth or be	for full 24 ho	urs.)	
Date First New Oil Run To Tank Date of Test					Producing Method (Flow, pump, gas lift, etc.)						
9-26-93		9-28-93			Pumping Casing Pressure			Choke Size			
Length of Test 24 hrs		Tubing Pressure 50#			50#				•		
Actual Prod. During Test		Oil - Bbis.				Water - Bbls.			N/A Gas- MCF		
	39				412			30			
GAS WELL											
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC	CATE O	F COMP	LIANCE	<u> </u>		OII	1055	A TIOS:	D1: #0:	ON!	
I hereby certify that the rules and regu	lations of the	e Oil Conser	vation		۱ '	OIL COM				NC	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					OCT 0 8 1993						
is true and complete to the best of my	Showleage :	A DELICI.			Date	e Approve	d			·	
W. I keth (	WA	_			_		من، هن	omed hv			
Signature Dishand   Whight D	Division of the	. 00000	tions M-	_	By_		Orig. Si	Kautz			
Richard L. Wright, D		915)682		4!	Title	<b>.</b>	Geol	ogist			
9-30-93 Date	( 6		-6822		''''	·					
1 1216		100	DINGREPIO.								

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.

SW)