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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		Well API No. 30-025-32336
Address P. O. Box 10340, Midland, TX 79702-7340		
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of: <input checked="" type="checkbox"/> CORRECT POOL NAME	
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"/>	

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. 8-10177 5/689

II. DESCRIPTION OF WELL AND LEASE

Lease Name Red Tank 35 Federal	Well No. 1	Pool Name, Including Formation Red Tank Delaware West 9/1/94	Kind of Lease State, Federal or Fee	Lease No. NM-86150
Location Unit Letter D : 660 Feet From The North Line and 330 Feet From The West Line Section 35 Township 22S Range 32E, NM PM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate EOTT Energy Corp. Operating LP	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 <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	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 D	Sec. 35	Twp. 22S	Rge. 32E	Is gas actually connected? Yes	When? 1/15/94

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 12/13/93	Date Compl. Ready to Prod. 1/13/94	Total Depth 8800'		P.B.T.D. 8758'				
Elevations (DF, RKB, RT, GR, etc.) 3710.1' GR	Name of Producing Formation Bone Springs Delaware	Top Oil/Gas Pay 8568'		Tubing Depth 8503'				
Perforations 8568-8582			Depth Casing Shoe					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 17-1/2	CASING & TUBING SIZE 13-3/8		DEPTH SET 813'		SACKS CEMENT 950 sx - circ 300 sx			
11	8-5/8		4612'		1800 sx - circ 25 sx			
7-7/8	5-1/2		8800'		1475 sx - TOC @ 3100'			

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 1/13/94	Date of Test 1/19/94	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs	Tubing Pressure ---	Casing Pressure ---	Choke Size ---
Actual Prod. During Test	Oil - Bbls. 153	Water - Bbls. 159	Gas - MCF 213

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  
Printed Name  
January 24, 1994  
Date  
Telephone No.  
(915)682-6822

OIL CONSERVATION DIVISION

MAY 13 1994

Date Approved

By

ORIGINAL SIGNATURE OF DIVISION

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.

RECEIVED

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OFFICE