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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 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"/>

If change of operator give name  
and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name Red Tank 35 Federal	Well No. 1	Pool Name, Including Formation Red Tank Bone Springs	Kind of Lease State, Federal or Fee	Lease No. NM-86150
Location Unit Letter <u>D</u> : <u>660</u> Feet From The <u>North</u> Line and <u>330</u> Feet From The <u>West</u> Line Section <u>35</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 <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> 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 <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> 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 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 <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v <input type="checkbox"/>	Diff Res'v <input type="checkbox"/>
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		Top Oil/Gas Pay 8568'		Tubing Depth 8503'			
Perforations 8568-8582					Depth Casing Shoe			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2	13-3/8	813'	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.)

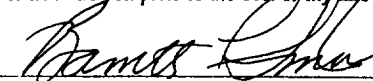
Date First New Oil Run To Tank 1/13/94	Date of Test 1/19/94	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs	Tubing Pressure ---	Casing Pressure ---	Choke Size ---
Actual Prod. During Test	Oil - Bbls. 153	Water - Bbls. 159	Gas - MCF 213

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  
(915)682-6822  
Telephone No.

OIL CONSERVATION DIVISION

Date Approved JAN 26 1994

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.