

# APPLICATION TO TRANSPORT OIL AND NATURAL GAS

LAND OFFICE	
TRANSPORTER	OIL <input type="checkbox"/> GAS <input type="checkbox"/>
OPERATOR	
PRORATION OFFICE	

Operator Pogo Producing Company

Address P.O. Box 10340, Midland, Texas 79702

Reason(s) for filing (Check proper box)

New Well <input type="checkbox"/>	Change In Transporter of:	Other (Please explain)
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Change well name from State Battery 2
Change In Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	No. 32 to State No. 32
	Dry Gas <input type="checkbox"/>	
	Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner Kaiser-Francis Oil Co., P.O. Box 535528, Tulsa, OK 74153

**DESCRIPTION OF WELL AND LEASE**

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
State	32	Wilson-Yates - Seven Rivers	State, Federal or Fee State	B 10792

Location

Unit Letter N : 990 Feet From The South Line and 1650 Feet From The West

Line of Section 24 Township 21-S Range 34-E , NMPM, Lea County

**DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
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)
<u>Phillips Petroleum Company</u>	<u>4001 Penbrook St., Odessa, TX 79762</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>M</u> Sec. <u>24</u> Twp. <u>21S</u> Rge. <u>34E</u>	Yes <u>N.A.</u>

If this production is commingled with that from any other lease or pool, give commingling order number:

**COMPLETION DATA**

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Some Rest.	Diff. Rest.
<input checked="" type="checkbox"/>								
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations			Depth Casing Shoe					

**TUBING, CASING, AND CEMENTING RECORD**

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

**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 Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

**GAS WELL**

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (5bbl-in)	Casing Pressure (5bbl-in)	Choke Size

**CERTIFICATE OF COMPLIANCE**

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Arice J. Hill  
(Signature)  
Production Superintendent  
(Title)  
9 - 9 - 83  
(Date)

**OIL CONSERVATION COMMISSION**

APPROVED SEP 23 1983, 19

BY ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

TITLE \_\_\_\_\_

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filled for each pool in multiply completed wells.

RECEIVED

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SEP 21 1983

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O.C.O.  
HOBBS OFFICE