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

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

Santa Fe. New Mexico 87504-2088

DISTRICT III 000 Rio Brazos Rd., Aziec, NM 87410	REQU	IEST FO	OR AL	LOWAB	LE AND A	UTHORI	ZATION					
TO TRANSPORT OIL A						ND NATURAL GAS   Well API No.						
Pogo Producing Company						30-015-31089						
Address	Compan	.,										
P.O. Box 10340	, Midl	land,	Texas	79702		(DI						
leason(s) for Filing (Check proper box)		Change in	Tonnes	where of:	∐ Oune	r (Please explo	11A)					
lew Well	Oil	Change in	Dry Ga	F-1								
Recompletion	Casinghea		Condet									
change in Operator License of operator give name	Caaba				<u></u>							
d address of previous operator												
. DESCRIPTION OF WELL	Well No   Pool Name, Including			ne Formation			f Lease	1 <del>-</del> 7	Lease No. NM-42814			
Federal 31		1 Bilberry		y, Morro	w Gas	State,	State, Federal or Fee		1417-42014			
ocation			·			660			East			
Unit LetterI	_ :23	10	Feet Fr	rom The	outh Line	and660	Fe	et From The _		Line		
	<b>21-</b> S		D	32-E	NA.	ıpm. Lea				County		
Section 31 Township	, 21-3		Range		, 140	11 141,	<del> </del>					
II. DESIGNATION OF TRAN	SPORTE	R OF O	IL AN	D NATU	RAL GAS		Li-k ammanad	nome of this fo	rm is to be se	ent)		
lame of Authorized Transporter of Oil	of Authorized Transporter of Oil or Condensate						Address (Give address to which approved copy of this form is to be sent) P.O. Box 1188, Houston, Texas 77252					
Enron Oil Trading	EOTT Energy Corp.			Address (Give address to which approved			copy of this form is to be sent)					
Name of Authorized Transporter of Casing El Paso Natural Gas	Suesag Cass F	trectiv	e"l"i	-93·^	P.O. B	ox 1492	, <u>El Pas</u>	o, Texas	79999	Attn:Gas		
f well produces oil or liquids,	Unit	Sec.	Twp.	Rge.	is gas actually		When	?		1001		
ive location of tanks.	I	31	215			es	L_	Septen	ber 18,	1991		
this production is commingled with that	from any oth	ner lease or	pool, gi	ve comming!	ing order numb	er:		<u> </u>				
V. COMPLETION DATA					New Well		Deepen	Plug Back	Same Res'v	Diff Res'v		
Designate Type of Completion	- (X)	Oil Well	 	Gas Weil	X	MOLKOVEI	Deepen		j.	i		
Designate Type of Completion		pl. Ready to	o Prod.		Total Denth	0221	_1	P.B.T.D.	14,730	ין		
12/10/90	03/	15/91				,833'		ļ				
levations (DF, RKB, RT, GR, etc.)	Name of Producing Formation Morrow				Top Oil/Gas	Top Oil/Gas Pay 13,971'			Tubing Depth 13,849			
3663 GR					1 20,372			Depth Casing Shoe				
Perforations 12 070 1 3	2 holes	c						1	14,832	2'		
13,971-13,979' 3			CAS	ING AND	CEMENTI	NG RECO	RD	_!				
HOLE SIZE	CA	ISING & T	UBING	SIZE		DEPTH SET	r	1000	SACKS CEN	MENT		
17-1/2"	13-3	/8"	68#		800			1000 s	KS-U1rc	390 sks 350 sks		
12-1/4"	9-5	/8"	40#		4550'			1800 5	ks-Circ	350 sks		
7"	26# & 29#			12500'	12500' 12555-14832 - 2-3/8" t			849'	330 383			
5"		****	18#		12555-	14832 -	2-3/0	tpg. 13,	043			
V. TEST DATA AND REQUE OIL WELL (Test must be after	ST FOR	ALLOW	ABLE	b I ail and mus	s he equal to or	exceed top at	llowable for th	is depth or be	for full 24 ho	urs.)		
OIL WELL (Test must be after Date First New Oil Run To Tank	Date of To		oj iouu	Ou draw mass	Producing M	ethod (Flow, p	oump, gas lift,	etc.)				
Date Lies New Oil Kitti 10 James	Date of 1							16 5 6				
Length of Test	Tubing Pr	ressure			Casing Press	ure		Choke Size				
					Water - Bbls.			Gas- MCF				
Actual Prod. During Test	Oil - Bbli	В.			WALCE + DOIR.							
					_1							
GAS WELL Actual Prod. Test - MCF/D	Length of	Test			Bbls. Conde	nsate/MMCF			Condensate			
2319 MCFD	4 hours			10.3			56 deg. @ 60 deg. F					
Testing Method (pitot, back pr.)	Tubing P	ressure (Sh			Casing Press	sure (Shut-in)		Choke Size				
Back Pressure	1 -			PSI dwt	: 2	200 PSI			11/64			
VI. OPERATOR CERTIFIC								TION	D1/401	ONI		
VI. OPERATOR CERTIFIC	JAIE U	o Oil Cons	entation IT ILLIA	INCL		OIL CO	NSERV	VATSEN	NA AN	ar		
I hereby certify that the rules and regularision have been complied with an	d that the inf	ormation g	iven abo	e sve				OF!	~ U N	~ 1		
is true and complete to the pest of my	knowledge	and belief.	,	_	Date	e Approv	ed					
1/:1.1.	1/	// /	11	7		pp. 0 v						
Kichaul A. Whist						By ORIGINAL SIGNED BY JERRY SEXTON						
Signature Richard L. Wright Div. Oper. Supv.						By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR						
Printed Name	,		Title		11	•						
September 20, 1	.991	(915	)682-	-6822	''''	<i></i>						
Date		Te	elephone	No.								

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.

PECENIO

SEP 2 3 1991

OGO NOBBS OFFICE