HO, OP COPIES AST	riv <b>e</b> n :	1	
DISTHIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
IRANSPORTER	OIL		
	GAS	l	
OPERATOR			
PRORATION OFFICE			
Operator			

-	DISTHIBUTION  SANTA FE  FILE  U.S.G.S.  LAND OFFICE  IRANSPORTER  GAS	REQUEST F	ONSERVATION COMMICTION FOR ALLOWABLE AND NSPORT OIL AND NATURAL G	Form C-104 Superaedes Old C-104 and C-1 Effective 1-1-65 AS	
ļ	OPERATOR				
1. L	PRORATION OFFICE				
-	Pogo Producing C	ompany			
	P. O. Box 10340, Midland, Texas 79702  Reason(s) for filing (Check proper box)  New Well Change in Transporter of:  Recompletion Oil Dry Gas produced during the plugging & abandonment operations.				
	Change of ownership give name nd address of previous owner				
	DESCRIPTION OF WELL AND I Lease Name  Mosbacher 20 Location  Unit Letter K ; 19	JEASE    Well No.   Pool Name, Including Fo   1   Bradley-Wolfco	amp State, Federal	or Fee Federal NM 14160	
	Line of Section 20 Tow	mahip 26-S Range	34-E , , ммгм, Lea	County	
	Name of Authorized Transporter of Off Fnron Oil Tradin	GNATION OF TRANSPORTER OF OIL AND NATURAL GAS  of Authorized Transporter of Oil (X) or Condensate Address (Give address to which approved copy of this form is to be sent)  Enron Oil Trading & Transport Co.  Ci Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)			
-	If well produces oil or liquids, give location of tanks.	Unit Suc. Twr. Pge. K 20 26-S 34-E	is gas actually connected? Whe	n	
	f this production is commingled wit COMMINITION DATA  Designate Type of Completio	h that from any other lease or pool, on - (X)	New Well Workover Deepen	Pjug Back   Same herty, Diff. in	
ŀ	Date Spudded	Date Compl. Ready to Prod.	Total Depth	F.3.T.D.	
ŀ	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
}	Perforctions			Depth Casing Shoe	
-		TUBING, CASING, AND	CEMENTING RECORD		
-	. HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
}					
-					
	OIL WELL		fter recovery of total volume of load oil pth or be for full 24 hours)  Producing Method (Flow, pump, gas li)		
ĺ	Date First New Oil Run To Tanks	Date of Test	Producing Method (Fibm, pamp, gus 1)		
	Length of Tost	Tubing Pressure	Casing Pressure	Choke Size	
	Actual Frod. During Test	O11-Bble.	Water-Bble.	Gab - MCF	
•	GAS WELL				
	Actual Press, Test-MCF/D	Length of Test	Bble. Condensate/MMCi	Gravity of Condensate	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-ist)	Casing Pressure (Shut-in)	Choke Size	
VI.	CERTIFICATE OF COMPLIAN	CE		TION COMMISSION	
I hereby certify that the rules and regular Commission have been complied with above is true and complete to the best		with and that the information diven-	APPROVED, 19  BY		
Production Superintendent  (Tule)			This form is to be filed in compliance with RULE 1104.  If this is a request for allowable for a newly drilled or derively, this form must be accompanied by a tabulation of the contains taken on the wolf in accordance with RULE 111.  All sections of this form must be filled out completely for a able on new and recompleted veils.		
	<u>1/7/87</u>	01#)	Fitt out only Tactions I. I well name or number, or transpor	l, ill, and VI for changes of contact of contact and c	