

DISTRIBUTION

SANTA FE

FILE

U.S.G.S.

LAND OFFICE

TRANSPORTER

OIL

GAS

OPERATOR

PRODUCTION OFFICE

Operator

Pogo Producing Company

Address

P.O. Box 10340 Midland, Texas 79702

Reason(s) for filing (Check proper box)

New Well

Recompletion

Change in Ownership

Change in Transporter of:

Oil

Casinghead Gas

Dry Gas

Condensate

Other (Please explain)

Request test allowable of 680 bbls for oil produced during completion operations in Wolfcamp 13,382-13,423'

DESCRIPTION OF WELL AND LEASE

Lease Name

Mosbacher 20

Well No.

1

Pool Name, including Formation

Wildcat Wolfcamp

Kind of Lease

State, Federal or Fee

Federal

Lease No.

NM-14160

Location

Unit Letter

K

: 1980

Feet From The

South

Line and

1980

Feet From The

West

Line of Section

20

Township

26-S

Range

34-E

NMPM,

Lea

County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil

Getty Trading and Transportation

Name of Authorized Transporter of Casinghead Gas

Address (Give address to which approved copy of this form is to be sent)

P.O. Box 1142 Midland, Texas 79702

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

Sec.

Twp.

Rge.

Is gas actually connected?

When

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

COMPLETION DATA

Designate Type of Completion - (X)

Date Spudded

Date Compl. Ready to Prod.

Total Depth

P.B.T.D.

Elevations (DF, RKB, RT, CR, 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

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 (shot-in)

Casing Pressure (shot-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.

James R. Henry

Division Engineer

4/19/83

OIL CONSERVATION COMMISSION

APR 21 1983

APPROVED

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 all wells on new and recompleted wells.

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

Separate Forms C-104 must be filed for each pool in multi-pool wells.

RECEIVED  
APR 20 1983  
O.C.D.  
HOBBS OFFICE

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O.C.D.  
HOBBS OFFICE