N.M. Oil Cons. DIV-Dist. 2 1301 W. Grand Avenue

Form 3160-5 (June 1990)

UNITED STATESArtesia, NM 88210 DEPARTMENT OF THE INTERIOR **BUREAU OF LAND MANAGEMENT**

FORM APPROVED Budget Bureau No. 1004-0135 Expires: March 31, 1993

5. Lease Designation and Serial No.

SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to drill or to depen or reentry to a different reservoir. Use "APPLICATION FOR PERMIT—" for such proposals SUBMIT IN TRIPLICATE RECEIVED		NM-89819		
SUBMIT IN TRIPLICATE RECEIVED				6. If Indian, Allottee or Tribe Name
Similar Company September Auf 0 4 7004 September Aug 0 4 7004 September Patton 18 Federal #3		IN TRIPLICATE	RECEIVED	7. If Unit or CA, Agreement Designation
Pogo Producing Company 3. Address and Telephone No. P. O. Box 10340, Midland, TX 79702-7340 432-685-8100 4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 660' FNL & 1980' FEL, Section 18, T24S, R31E CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF SUBMISSION TYPE OF ACTION Notice of Intent Notice of Intent Subsequent Report Plugging Back Casing Repair Altering Casing Other Change BOP Dispose Water (Note: Reporteath of multiple completion on Well Completion or Recompletion Report and 1 or front) 13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drillor give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)* P. Authority of Plans Non-Routine Fracturing Water Shut-Off Conversion to Injection Dispose Water (Note: Report results of multiple completions on Well Completions or Recompletion Report and 1 or front) Due to rig substructure height limitations on Capstar Rig #9, POGO Producing Company respectfully request that a 2M BOPE configuration be used for the surface and intermediate portion of the hole. Maximum anticipated surface pressure is 1700 psi @ 8500'. A stripper head will be substituted for an annular in the intermediate section of the hole. No remote BOP accessories will be	1. Type of Well Oil Well Gas Well Other		AUG 0 4 2004	8. Well Name and No.
11. County or Parish, State Eddy County, NM 12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF SUBMISSION TYPE OF ACTION Notice of Intent Recompletion Recompletion Recompletion Recompletion Non-Routine Fracturing Casing Repair Altering Casing Other Change BOP Dispose Water (None: Report results of multiple completion or Recompletion or Recompletion or Recompletion with Completion or Recompletion or Re	Pogo Producing Company 3. Address and Telephone No.		9. API Well No. 30-015-33451	
TYPE OF SUBMISSION Notice of Intent	4. Location of Well (Footage, Sec., T., R., M., or Survey D	11. County or Parish, State		
Notice of Intent Abandonment	12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF	NOTICE, REPOR	T, OR OTHER DATA
Recompletion New Construction New Construction Non-Routine Fracturing Non-Routine Fractu	TYPE OF SUBMISSION		TYPE OF ACTION	
Final Abandonment Notice Casing Repair		Recompletion		New Construction
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	Due to rig substructure height limitations configuration be used for the surface and its 8500°. A stripper head will be substituted	on Capstar Rig #9, POGO Producing	this work.)• 5 Company respectful ximum anticipated si	any proposed work. If well is directionally drilled. Illy request that a 2M BOPE urface pressure is 1700 psi @

14. I hereby certify that the foregoing is true and correct Signed	Title .	Sr.	Operation Tech	Date 07/29/04
(This space for Federal of State office use) Approved by ORIG. SGD.) ALEXIS C. SWCBODA Conditions of approved if the control of approved in the control of	Tide .		PETROLEUM ENGINEER	Date AUG 0 2 2004

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.