

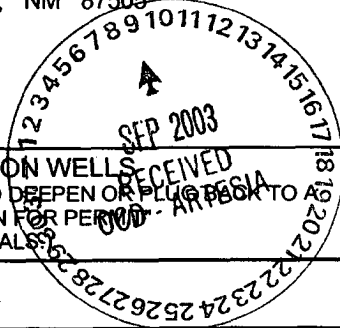
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

2040 Pacheco St.
Santa Fe, NM 87505



WELL API NO. 30-015-31711
Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
State Oil & Gas Lease No.
Lease Name or Unit Agreement Name Harroun 15
Well No. 13
Pool name or Wildcat Cedar Canyon Del/ E. Pierce Crossing Bone Spring

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT TO DRILL" (FORM C-101) FOR SUCH PROPOSALS.)

Type of Well: OIL WELL GAS WELL OTHER

Name of Operator: Pogo Producing Company

Address of Operator: P. O. Box 10340, Midland, TX 79702-7340

Well Location: Unit Letter P : 660 Feet From The South Line and 360 Feet From The East Line
Section 15 Township 24S Range 29E NMPM Eddy County

Elevation (Show whether DF, RKB, RT, GR, etc.)
2942'

11 Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER: <input type="checkbox"/>	OTHER: <u>Commingle</u> <input checked="" type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG AND ANBANDONMENT <input type="checkbox"/>

Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

08/27/03 POH w/ Arrow Set 10K Big Bore pkr.
08/28/03 RIH w/ production equipment.
08/29/03 Well on production. Delaware and Bone Springs commingled per Administrative Order DHC-3155. See Attached.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Cathy Wright TITLE Sr. Operation Tech DATE 09/03/03

TYPE OR PRINT NAME Cathy Wright 432-685-8100 TELEPHONE NO.

(This space for State Use)

APPROVED BY Jim W. Gumm TITLE SUPERVISOR, DISTRICT II DATE SEP 11 2003

CONDITIONS OF APPROVAL, IF ANY: