

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT-" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well <input type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other	5. Lease Designation and Serial No. NM-96231
2. Name of Operator Pogo Producing Company	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. P. O. Box 10340, Midland, TX 79702-7340 (915)685-8100	7. If Unit or CA, Agreement Designation
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 330' FSL & 510' FWL, Section 33, T21S, R31E	8. Well Name and No. Lost Tank 33 Fed. #2
	9. API Well No. <u>24330</u> 30-015-29468
	10. Field and Pool, or Exploratory Area Lost Tank Delaware W.
	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

- ☐ Notice of Intent
☒ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

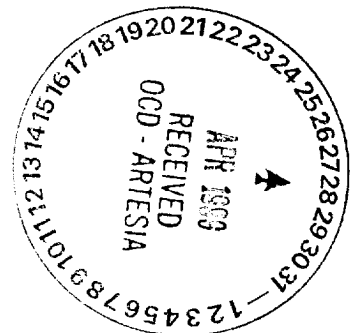
- | | |
|--|--|
| <input type="checkbox"/> Abandonment | <input type="checkbox"/> Change of Plans |
| <input type="checkbox"/> Recompletion | <input type="checkbox"/> New Construction |
| <input type="checkbox"/> Plugging Back | <input type="checkbox"/> Non-Routine Fracturing |
| <input type="checkbox"/> Casing Repair | <input type="checkbox"/> Water Shut-Off |
| <input type="checkbox"/> Altering Casing | <input type="checkbox"/> Conversion to Injection |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Dispose Water |

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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 drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

MIT was performed 04/26/99. Casing was pressured to 350# for 30 minutes - held ok.

Test was witnessed by Gary Williams with the Artesia NMOCD. Chart attached.



14. I hereby certify that the foregoing is true and correct

Signed Cathy J. Imbert

Title Operations Technician

Date 04/27/99

(This space for Federal or State office use)

Approved by _____

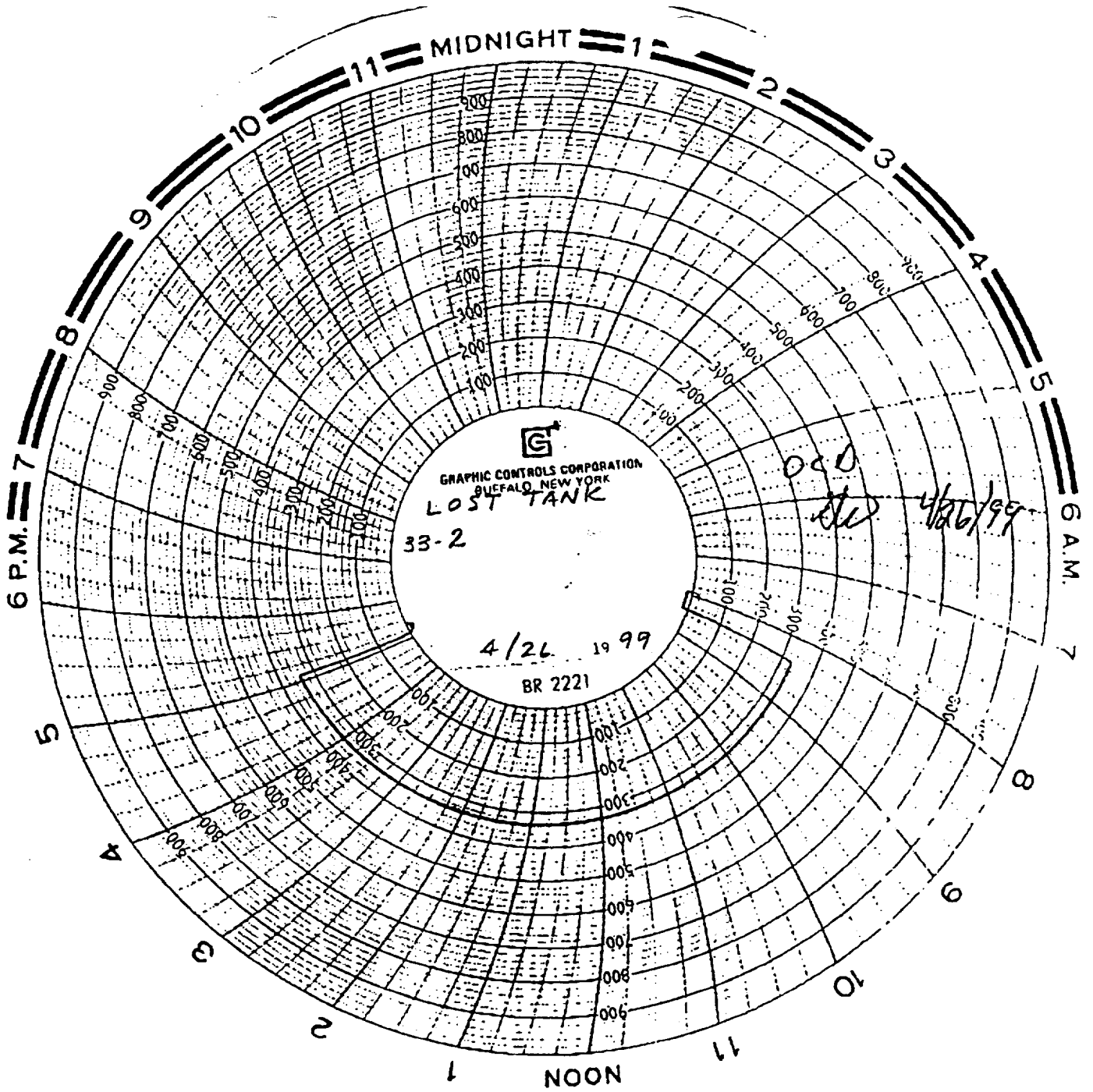
Title _____

Date _____

Conditions of approval, if any:

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.

*See Instruction on Reverse Side



CH MBDMS
BL