

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO. 30-015-30379

5. Indicate Type of Lease

STATE ☐

FEE ☐

6. State Oil & Gas Lease No.

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

1. Type of Well:

OIL
WELL ☒

GAS
WELL ☐

OTHER

2. Name of Operator

POGO PRODUCING COMPANY

3. Address of Operator

P. O. BOX 10340, Midland, Texas 79702

4. Well Location

Unit Letter M : 990 Feet From The South Line and 990 Feet From The West Line

Section 35 Township 22-S Range 26-E NMPM Eddy County

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

3259' GL

11.

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: ☐ Drilling ☐

12. 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.

9/01/98 TD 40'. Y: MIRU Auger Air. Spud well 1030 hrs CDT 8/31/98.
9/02-18/98 TD 40'. PO: WO RT.
9/19/98 TD 50'. PO: WO RT. Y: Ream & CO to 14" hole. Drl 14" hole to 50'.
9/20-30/98 TD 50'. PO: WO RT.
10/01-06/98 TD 50'. PO: WO RT.
10/07/98 TD 55'. PO: WO RT. Y: Ream & CO 14" hole to 50'. Drl 14" hole to 55'.
10/08-26/98 TD 55'. PO: WO RT.
10/27/98 TD 60'. PO: WO RT. Y: CO 14" hole 34-55'. Drl 14" hole to 50'.

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

SIGNATURE Richard L. Dwyer TITLE Division Operations Mgr DATE 11/03/98

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

APPROVED BY Jim W. Gurn TITLE District Supervisor DATE 11-6-98

CONDITIONS OF APPROVAL, IF ANY: