

cise
dp

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

RECEIVED

JAN 16 1992

O. C. D.

ARTESIA OFFICE

WELL API NO.

30-015-26877

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

LH-1523

7. Lease Name or Unit Agreement Name

State 2

8. Well No.

3

9. Pool name or Wildcat

Undesignated - Delaware

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" (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 79702-7340

4. Well Location

Unit Letter I : 2310 Feet From The South Line and 330 Feet From The East Line

Section 2 Township 22 South Range 31 East NMPM Eddy County

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

3545.3' GR

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: Spud Well, Set Surface Casing ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

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.

MIRU Exeter Rig #73, Spud well @ 19:30 hrs. CST on November 27, 1991. Drill 17-1/2" hole to 808', ran 19 jts 13-3/8" 54.50# casing, casing shoe @ 808', IFV @ 764'. BJ Services cemented 13-3/8" casing with 900 sx "C" 35:65:6 lite cement, 12.5 ppg., tail cement 200 sx "C" with 2% CaCl₂, 14.8 ppg, plug down @ 08:15 CST November 29, 1991. Circ 250 sx to pit, compressive strength 500 + psi in 8 hrs., WOC 24 hrs.

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

SIGNATURE Richard L. Wright TITLE Division Operations Supt. DATE Jan. 15, 1992

TYPE OR PRINT NAME Richard L. Wright

TELEPHONE NO. (915) 682-6822

(This space for State Use)

ORIGINAL SIGNED BY

MIKE WILLIAMS

SUPERVISOR, DISTRICT IV

APPROVED BY _____ TITLE _____

DATE FEB 28 1992

CONDITIONS OF APPROVAL, IF ANY: