

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

RECEIVED

FEB - 7 1992

WELL API NO.

30-015-26877

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

LH-1523

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

7. Lease Name or Unit Agreement Name

State 2

8. Well No.

No. 3

3. Address of Operator

P.O. Box 10340, Midland, TX 79702 (915) 682-6822

9. Pool name or Wildcat

Undesignated Delaware

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.)

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: ☒

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.

This Sundry Report is in reference to drilling into an abnormal high pressure zone @ 3083'. Blow out preventers were closed. Shut in pressure increased to 600 psig. The air pressure was circulated from the well bore through chokes to the pit area in 1 1/4 hrs. Drilling operations resumed.

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 Supvr.

DATE

02-02-92

TYPE OR PRINT NAME

Richard L. Wright

TELEPHONE NO.

(This space for State Use)

APPROVED BY

*Richard L. Wright*

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: