

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

dkf

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different depth.
Use "APPLICATION FOR PERMIT—" for such proposals.)

RECEIVED

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		FEB 28 1992	
2. NAME OF OPERATOR POGO PRODUCING COMPANY		O. C. D. ARTERIA OFFICE	
3. ADDRESS OF OPERATOR P. O. BOX 10340, MIDLAND, TEXAS 79702		8. FARM OR LEASE NAME FEDERAL 12	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 2310' FSL AND 1650' FWL OF SECTION 12		9. WELL NO. 6	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3590.9 GR	
		10. FIELD AND POOL, OR WILDCAT UNDES. LIVINGSTON RIDGE DELAWARE	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SEC. 12, T. 22 S., R. 31 E.	
		12. COUNTY OR PARISH EDDY	
		13. STATE NEW MEXICO	

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETION	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input checked="" type="checkbox"/>	CHANGE WELL LOCATION	<input checked="" type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

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

17. 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.)*

IT IS PROPOSED NOW TO CHANGE THE LOCATION OF THIS WELL -

FROM: 1780' FSL AND 1980' FWL OF SECTION 12,
AS PROPOSED IN THE APPLICATION FOR PERMIT TO DRILL DATED 12-5-91

TO: 2310' FSL AND 1650' FWL OF SECTION 12,
AS SET OUT IN ITEM 4 ABOVE.

A REVISED WELL LOCATION AND ACREAGE DEDICATION PLAT IS ATTACHED.

Part ID-1
3-6-92
amend loc.

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

SIGNED Richard L. Wright
(This space for Federal or State office use)

TITLE Drilling and Production Supt. DATE February 25, 1992

AREA MANAGER
CARLSBAD RESOURCE AREA

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____ DATE 2-26-92

*See Instructions on Reverse Side

OIL CONSERVATION DIVISION

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

DISTRICT I

P.O. Box 1986, Hobbs, NM 88240

DISTRICT II

P.O. Drawer 88, Artesia, NM 88210

DISTRICT III

1000 Rio Brunes Rd., Aztec, NM 87410

WELL LOCATION AND ACREAGE DEDICATION PLAT

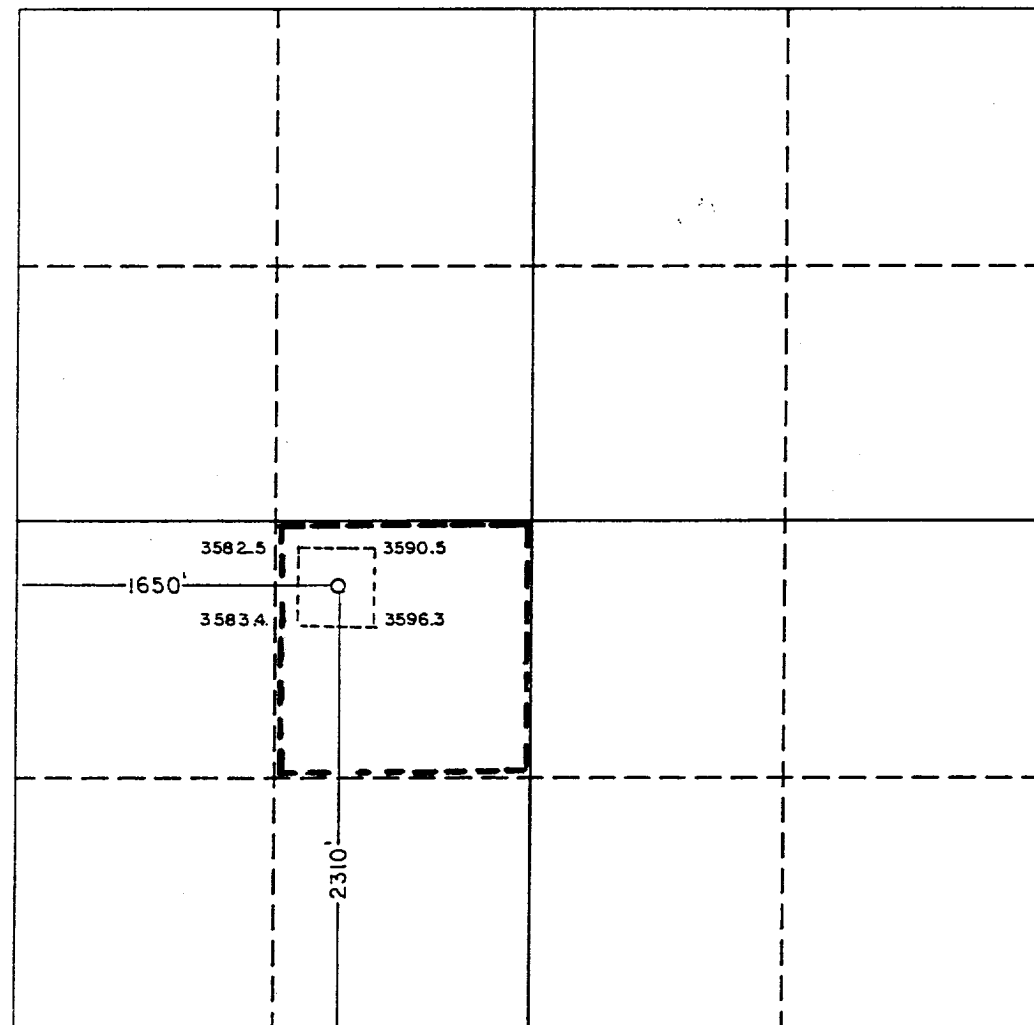
All Distances must be from the outer boundaries of the section

Operator Pogo Producing Company			Lease Federal 12		Well No. 6
Unit Letter K	Section 12	Township 22 South	Range 31 East	County NMPM	Eddy
Actual Footage Location of Well: 2310 feet from the South line and 1650 feet from the West line					
Ground Level Elev. 3590.9	Producing Formation DELAWARE	Pool UNDES.LIVINGSTON RIDGE DELAWARE		Dedicated Acreage: 40 Acres	

1. Outline the acreage dedicated to the subject well by colored pencil or hatchure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interest of all owners been consolidated by communitization, unitization, force-pooling, etc.?
☐ Yes ☐ No If answer is "yes" type of consolidation _____

If answer is "no" list of owners and tract descriptions which have actually been consolidated. (Use reverse side of this form necessary.)

No allowable will be assigned to the well unit all interests have been consolidated (by communitization, unitization, forced-pooling, otherwise) or until a non-standard unit, eliminating such interest, has been approved by the Division.



OPERATOR CERTIFICATION

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

Signature _____

Printed Name

Richard L. Wright

Position

Dist. Dir'l. & Prod. Supt.

Company

POGO PRODUCING COMPANY

Date

February 25, 1992

SURVEYOR CERTIFICATION

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed

February 13, 1992

Signature & Seal of Professional Surveyor

Certificate No. _____ JOHN W. WEST, 678
RONALD J. EDSON, 3239
GARY L. JONES, 7877
W. 8092-11-02-88