

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NEW MEXICO
Brewster DD
Albuquerque, NM 88210

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

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SUNDRY NOTICES AND REPORTS ON WELLS FEB 22 1993

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 O.C.D.

SUBMIT IN TRIPLICATE

1. Type of Well

☐ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

Pogo Producing Company

3. Address and Telephone No.

P. O. Box 10340, Midland, Texas 79702 915/682-6822

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

330' FSL and 760 FWL, Section 29, T-23-S, R-31-E

5. Lease Designation and Serial No.

NM-0545035

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Federal 29 No. 8

9. API Well No.

10. Field and Pool, or Exploratory Area

11. County or Parish, State

Eddy County,
New Mexico

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

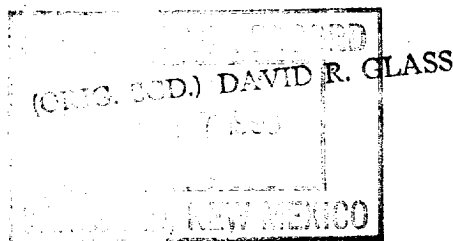
TYPE OF ACTION

- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☒ Other Drilling
☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Reports and Log form 1)

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.)

2/06/93 TD 4629' Drlg.
2/07/93 TD 5805' Drlg.
2/08/93 TD 6695' Drlg.
2/09/93 TD 7390' Drlg.
2/10/93 TD 7965' Drlg.
2/11/93 TD 8100' Drlg & logging.
2/12/93 TD 8100' Run production csg, cmt to surface.



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FEB 16 9 32 AM '93
CARLOS AREA OFFERS

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

Signed Richard A. Wright

Title District Operations Manager

Date FEB. 12/93

(This space for Federal or State office use)

Approved by _____

Conditions of approval, if any: _____

Title _____

Date _____