

RECEIVED

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NM OIL CONS COMMISSION

Drawer DD
Artesia, NM 88210FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

JUN 21 10 18 AM '94

SUNDAY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
AREA HERE Use "APPLICATION FOR PERMIT—" for such proposals

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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, TX 79702-7340 915/682-6822

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

2280' FNL & 460' FWL, Section ²³12, T-24-S, R-29-E

5. Lease Designation and Serial No.

NM-81586

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

River Bend Federal #7

9. API Well No.

10. Field and Pool, or Exploratory Area

Wildcat (Bone Springs)

11. County or Parish, State

Eddy County, N.M.

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 Report and Log form.)

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.)

6/12/94	TD 7255' Drlg.
6/13/94	TD 7642' Reaming @ 7415'.
6/14/94	TD 7900' Drlg.
6/15/94	TD 8335' Drlg.
6/16/94	TD 8750' Drlg.
6/17/94	TD 8948' Drlg.

JUL 1 1994

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

Signed

Title Division Operations Manager

Date

6/17/94

(This space for Federal or State office use)

Approved by

Title

Date

Conditions of approval, if any: