

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

NM OIL CONS COMMISSION  
Drawer DD  
Artesia, NM 88210

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

SUNDRY NOTICES AND REPORTS ON WELLS

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

SUBMIT IN TRIPLICATE

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> 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) 890' FNL & 890' FWL, Section 24, T23S, R31E	5. Lease Designation and Serial No. NM-40655	6. If Indian, Allottee or Tribe Name	7. If Unit or CA, Agreement Designation	8. Well Name and No. Amax 24 Federal No. 12	9. API Well No. 30-015-28123	10. Field and Pool, or Exploratory Area Ingle Wells, Delaware	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	TYPE OF ACTION	
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input checked="" type="checkbox"/> Other Intermediate Casing	<input type="checkbox"/> 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.)\*

Drilled 11" hole to 4324'. TD reached 19:00 hrs CDT 10/21/94. Ran 102 jts 8-5/8" 32# & 24# J-55 ST&C casing. Cmt'd w/ 1400 sxs "C" Lite w/ 5 pps salt 12.6 ppg. Tailed w/ 200 sxs "C" w/ 5 pps salt 14.8 ppg. Circ'd 162 sxs excess cmt. Total WOC 24 hrs. Tested BOP's to 1500 psi.

13 1994  
SJS  
CARLSBAD, NEW MEXICO

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

Signed Bonnie L. Lina Title Senior Operations Engineer Date Nov. 23, 1994

(This space for Federal or State office use)

Approved by \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
Conditions of approval, if any: