

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION

2040 Pacheco St.
Santa Fe, NM 87505

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO.
30-015-29310

Indicate Type of Lease

STATE ☐

FEE ☐

State Oil & Gas Lease No.

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.)

Lease Name or Unit Agreement Name

Haroun 15

Type of Well:

OIL
WELL ☒

GAS
WELL ☐

OTHER

Name of Operator
Pogo Producing Company

Well No.
5

Address of Operator
P. O. Box 10340, Midland, TX 79702-7340

Pool name or Wildcat
Pierce Crossing Delaware, East

Well Location

Unit Letter B : 330 Feet From The North Line and 1650 Feet From The East Line

Section 15 Township 24S Range 29E NMPM Eddy County

Elevation (Show whether DF, RKB, RT, GR, etc.)
2930 GR

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 ANBANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: Add Delaware Perfs ☒

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.

01/27/99 Perf 4930-36, 4916-22, 4862-68 (39 - 3-1/8" dia holes). Set RBP @ 5140'.

01/28/99 Acdz w/ 1000 gals 7-1/2% HCL.

01/29/99 Swab test.

01/30/99 Frac w/ 84,500# 16/30 sand.

02/02/99 Return well to production.

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

SIGNATURE

Cathy Tomberlin

TITLE Operations Technician

DATE 02-12-99

TYPE OR PRINT NAME Cathy Tomberlin

TELEPHONE NO. (915)685-8100

(This space for State Use)

APPROVED BY

Jim W. Brown B6X

TITLE

District Supervisor

DATE

2-22-99

CONDITIONS OF APPROVAL, IF ANY: