

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

N.M. Oil Cons. Division  
811 S. 1st St  
Artesia, NM 87010-2834

FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires: March 31, 1993  
Lease Designation and Serial No.  
NM-0417696

**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  
☒ 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)685-8100

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
330' FNL & 1650' FEL, Section 4, T22S, R31E

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.  
Lost Tank 4 Federal #2

9. API Well No.  
30-015-29611

10. Field and Pool, or Exploratory Area  
Lost Tank Delaware W.

11. County or Parish, State  
Eddy County, NM

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 Add Delaware Perfs

- ☐ 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.)\*

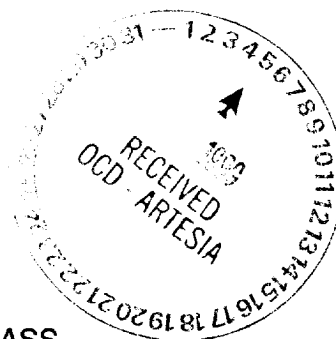
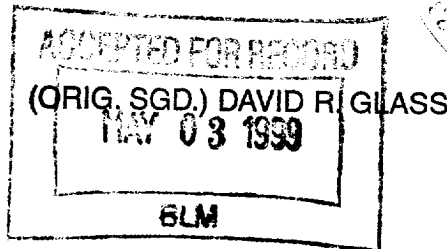
04/17/99 Perf Delaware 6872-93 (42 - 3-1/8" dia holes). Set RBP @ 7668 and test to 3000#. Acdz w/ 1000 gals 7-1/2% HCL.

04/20/99 Swab test.

04/22/99 Frac 6872-93 w/ 48,000# 16/30 sand.

04/23/99 Swab test.

04/27/99 Run production equipment and return well to production.



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

Signed Cathy Embert

Title Operations Technician

Date 04/30/99

(This space for Federal or State office use)

Approved by

Title

Date

Conditions of approval, if any: