

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

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

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

OIL CONSERVATION DIVISION

2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO. 30-015- 20073 30614
Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
State Oil & Gas Lease No. 17569
Lease Name or Unit Agreement Name Harroun "15"
Well No. 6
Pool name or Wildcat Pierce Crossing, Bone Spring, East

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.)	
Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	
Name of Operator Pogo Producing Company	
Address of Operator P. O. Box 10340 Midland, Texas 79702	
Well Location Unit Letter <u>N</u> : <u>1650</u> Feet From The <u>North</u> Line and <u>1650</u> Feet From The <u>East</u> Line 15 Section 24S Township 29E Range NMPM Eddy County	
Elevation (Show whether DF, RKB, RT, GR, etc.) 2937' GR	

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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: ☐

¹²Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Request Change in hole sizes, csg sizes & Total depth.

Proposed TD: 7000'

Hole Size	Csg Size	Csg wgt/ft.	Depth	Cement sx	Est. TOC
14-3/4	10-3/4	32.75# H	500'	350 sx	Surface
9-7/8	7-5/8	26.40# J	3000'	750 sx	Surface
6-3/4	4-1/2	11.6# J	7000'	1000 sx	2000'

Plan to spud 04/06/99.



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

SIGNATURE Robin S. McCarley TITLE Production Tech. DATE 04-05-99

TYPE OR PRINT NAME Robin S. McCarley TELEPHONE NO. (915) 685-8100

(This space for State Use)

APPROVED BY Jim W. Green TITLE District Supervisor DATE 4-12-99

CONDITIONS OF APPROVAL, IF ANY: