

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 Form 9-331-C for such proposals.)

1. oil ☐ well gas ☒ well other ☐

2. NAME OF OPERATOR
Pogo Producing Company

3. ADDRESS OF OPERATOR
P. O. Box 10340, Midland, Texas 79702

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1980' FSL & 1980' FWL
AT TOP PROD. INTERVAL: 1980' FSL & 1980' FWL
AT TOTAL DEPTH: 1980' FSL & 1980' FWL

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) ☐

SUBSEQUENT REPORT OF:

☐
☐
☐
☒
☐
☐
☐
☐

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

17. 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.)*

Communication occurred in early July between the tubing and casing annulus. The casing annulus was then connected to rental tanks and produced oil and brine water diverted to storage until remedial operations could be started.

A completion unit was installed on July 21 and operations began to repair the wellbore. Two holes were found in the tubing and the wellbore was repaired and the well secured. The well is currently shut-in waiting on a gas sales market.

The tubing string is isolated from the formation with a blanking plug which will be removed prior to producing the well. The installation of the plug was discussed with and approved by Mr. Armando Lopez August 6, 1986.

Details of operations performed on the wellbore are attached.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED [Signature] TITLE Division Manager DATE August 8, 1986

(This space for Federal or State office use)

ACCEPTED FOR RECORD

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

AUG 19 1986

RECEIVED
AUG 20 1986
O.S.P.
HOBBS OFFICE