Submit 1 Copy To Appropriate District State of New Mexico Office Figure 1. Minerals and Natural Resources	Form C-103 Revised July 18, 2013
District I – (575) 393-6161 Energy, Minerals and Natural Resources District II – (575) 748-1880	WELL API NO.
811 S. First St., Artest Old 8821	30 0 25 -00/10 -
District III - (505) 34-6178 1220 South St. Francis Dr.	STATE FEE
District IV – (505) 476-3460 Santa Fe, NM 87505	6. State Oil & Gas Lease No.
87505	
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	7. Lease Name or Unit Agreement Name New Mexico BH State
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other Swb	8. Well Number 4
2. Name of Operator / Pogo oil & Gas Cocrating, Inc.	9. OGRID Number 3 72000 /
3. Address of Operator 1515 Calle Sur, Stc. 174, Hobbs, NM 88240	10. Pool name or Wildcat SWD: Devonion (964.01)
4. Well Location Unit Letter 990 feet from the North line and 990 feet from the Line	
Section // Township /2 S Range 32 E NMPM County Lea 11. Elevation (Show whether DR, RKB, RT, GR, etc.)	
11. Elevation (Show whether DR, RRB, RI, GR, etc.) 4376' GR	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
_	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ REMEDIAL WORK ☐ ALTERING CASING ☐ TEMPORARILY ABANDON ☐ CHANGE PLANS ☐ COMMENCE DRILLING OPNS.☐ P AND A ☐	
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT	
DOWNHOLE COMMINGLE	
CLOSED-LOOP SYSTEM	- - - - - - - - - - -
13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.	
SULLS Permit # 1126-A	
2.1.2019 RU pump truck leaded annulus of 1/2 bbl of packer	
fluid. Tested for 32 min 380th Test approved by George Bower.	
Snud Data	
Spud Date: Rig Release Date:	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SIGNATURE Production Manage DATE 2/2/19	
Type or print name M. Y. Merchant E-mail address mymerch & penrossil. arphone: (575/492 1236) For State Use Only	
APPROVED BY: General Source TITLE onpliance Supervisor DATE 2/5/19 Conditions of Approval (if any):	