

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

30-225-30137

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. TYPE OF WORK
 DRILL DEEPEN PLUG BACK

b. TYPE OF WELL
 OIL WELL GAS WELL OTHER
 SINGLE ZONE MULTIPLE ZONE

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 and in accordance with any State requirements.)
 At surface
 1980' FNL & 990' FEL Unit #2
 At proposed prod. zone
 1980' FNL & 990' FEL

14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE
 26 miles WSW of Eunice, New Mexico

15. DISTANCE FROM PROPOSED* LOCATION TO NEAREST PROPERTY OR LEASE LINE, FT. (Also to nearest drlg. unit line, if any) 990'

16. NO. OF ACRES IN LEASE 600

17. NO. OF ACRES ASSIGNED TO THIS WELL 320

18. DISTANCE FROM PROPOSED LOCATION* TO NEAREST WELL, DRILLING COMPLETED, OR APPLIED FOR, ON THIS LEASE, FT.

19. PROPOSED DEPTH 15,500

20. ROTARY OR CABLE TOOLS Rotary

21. ELEVATIONS (Show whether DF, RT, GR, etc.) 3649.5 GR

22. APPROX. DATE WORK WILL START* December 15, 1987

23. PROPOSED CASING AND CEMENTING PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	QUANTITY OF CEMENT
17 1/2	13 3/8	48	750	700 sxs circulate
12 1/4	10 3/4	40.5 & 51	4830	1500 sxs circulate
9 1/2	7 5/8	26.40 & 29.70	12,100	1450 sxs
6 1/2	5	15 & 18	15,500	450 sxs

Proposal is to drill to the Barnett to evaluate the Morrow formation. The 13 3/8" and 10 3/4" casing strings will be cemented to the surface.

Possible zones for DST are the Delaware, Bone Springs, Strawn, Atoka, and Morrow. Adequate logs will be run to evaluate all zones from the Delaware to total depth.

Completion or abandonment will be performed in accordance with prudent practices and regulatory requirements.

Gas on the lease is not dedicated.

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: If proposal is to deepen or plug back, give data on present productive zone and proposed new productive zone. If proposal is to drill or deepen directionally, give pertinent data on subsurface locations and measured and true vertical depths. Give blowout preventer program, if any.

24. SIGNED [Signature] TITLE Division Operations Manager DATE 10/22/87

(This space for Federal or State office use)

PERMIT NO. _____ APPROVAL DATE _____

APPROVED BY _____ TITLE _____ DATE 11-30-87

CONDITIONS OF APPROVAL, IF ANY: