

Submit 1 Copy To Appropriate District  
Office  
District I - (575) 393-6161  
1625 N. French Dr., Hobbs, NM 88240  
District II - (575) 748-1283  
811 S. First St., Artesia, NM 88210  
District III - (505) 334-6178  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV - (505) 476-3460  
1220 S. St. Francis Dr., Santa Fe, NM  
87505

State of New Mexico  
Energy, Minerals and Natural Resources  
**HOBBS OGD**  
OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505  
**SEP 20 2017**

Form C-103  
Revised July 18, 2013

WELL API NO. <b>30-025-11492</b>
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name <b>Langlie Jal Unit</b>
8. Well Number <b>73</b>
9. OGRID Number <b>372000</b>
10. Pool name or Wildcat <b>Langlie Mattix</b>
11. Elevation (Show whether DR, RKB, RT, GR, etc.)

**RECEIVED**

**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.)

1. Type of Well: Oil Well ☐ Gas Well ☒ Other - **INJECTION (WATER)** ✓

2. Name of Operator  
**Pogo Oil & Gas Operating, Inc.**

3. Address of Operator  
**1515 Calle Sur, Ste 174 Hobbs, New Mexico 88240 USA**

4. Well Location  
Unit Letter **B** : **660** feet from the **N** line and **1980** feet from the **E** line  
Section **8** Township **25S** Range **37E** NMPM County **LEA**

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: <b>PERFORM MIT TEST</b> <input checked="" type="checkbox"/>	

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.

Date: **9/11/17**

Perform MIT. Casing held good. Test was witnessed by George Bower w/ the NMOCD.

Csg testing to (psi): **350**  
**360** ✓

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

TITLE **Operations Manager**

DATE

**9/12/17**

Type or print name: **Kyle Townsend**

E-mail address: **kyle@pogoresources.com**

PHONE: **713-305-9886**

For State Use Only

APPROVED BY:

TITLE

**Compliance Officer**

DATE

**9/20/17**

Conditions of Approval (if any):