

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well

Oil Well Gas Well Other

2. Name of Operator

Pogo Producing Company

3. Address and Telephone No.

P. O. Box 10340, Midland, TX 79702

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

2310' FSL & 660' FEL Sec. 31, T21S, R32E

5. Lease Designation and Serial No.

NM-42814

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Federal 31

9. API Well No.

1

10. Field and Pool, or Exploratory Area

Bilberry, ~~Atoka Gas~~

11. County or Parish, State

Lea

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other <u>Stimulate Existing Zone</u>
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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.)*

6/15/93 Stimulated the existing ^{Morrow} ~~Atoka~~ sand formation 13,971' - 13,979' by fracture treating with 14,350 gals 40# X-L gel with 30 quality CO2 assist and 47,000# 20/40 sand.

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

Signed Richard L. Wright

Title Div. Oper. Mgr.

Date 8-2-93

(This space for Federal or State office use)

Approved by Chris Williams

Title _____

Date _____

Conditions of approval, if any:

RECEIVED

MAY 18 1994

OFFICE