

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

## OIL CONSERVATION DIVISION

2040 Pacheco St.  
Santa Fe, NM 87505

WELL API NO. 30-015-31709
Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>
State Oil & Gas Lease No.

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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.)	
Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	RECEIVED
Name of Operator Pogo Producing Company	MAR 26 2004
Address of Operator P. O. Box 10340, Midland, TX 79702-7340	OCD-ARTESIA
Well Location Unit Letter M : 660 Feet From The South Line and 990 Feet From The West Line Section 10 Township 24S Range 29E NMPM Eddy County	Lease Name or Unit Agreement Name Harroun 10
Elevation (Show whether DF, RKB, RT, GR, etc.) 2947'	Well No. 2 Pool name or Wildcat Cedar Canyon Delaware

11

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

### NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐  
OTHER: ☐

### SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ PLUG AND ANBANDONMENT ☐  
CASING TEST AND CEMENT JOB ☐  
OTHER: Add Delaware Perfs ☒

Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

03/09/04 POOH w/ rods, pump & tbg. Perf Delaware 5261-73 & 5314-29 w/ 1 spf. RIH w/ RBP & set @ 5600'.  
03/10/04 Acdz w/ 1200 gals 7-1/2% acid. Swab.  
03/13/04 Frac w/ 45,000# 16/30 Ottawa.  
03/17/04 Return well to production.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE

*Cathy Wright*

TITLE

Sr. Operation Tech

DATE

03/23/04

TYPE OR PRINT NAME

Cathy Wright

432-685-8100

TELEPHONE NO.

(This space for State Use)

FOR RECORDS ONLY

APPROVED BY

TITLE

DATE

APR 05 2004

CONDITIONS OF APPROVAL, IF ANY: