

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
OMB No. 1004-0135
Expires: January 31, 2004

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.

SUBMIT IN TRIPLICATE- Other instructions on reverse side.

1. Type of Well
 Oil Well Gas Well Other

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

3a. Address
1515 Calle Sur, Ste 174, Hobbs, NM 88240

3b. Phone No. (include area code)
575-990-0000

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

**7-T18S-R30E
 1270' FNL & 1370' FWL**

5. Lease Serial No.
NMLC047269A

6. If Indian, Allottee or Tribe Name

7. If Unit or CA/Agreement, Name and/or No.
8910085280

8. Well Name and No.
WLH G4S Unit #7

9. API Well No.
30-015-04495

10. Field and Pool, or Exploratory Area
Loco Hills; Qn-GB-SA

11. County or Parish, State
Eddy, NM

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

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input checked="" type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recompletable horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompletable in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

The following work was performed on 8/13/18-8/14/18 to establish production on the associated well. The #7 well has been flowing 2-3 bfpd. 8/13/18

- 1) MIRU Swab Unit and Lubricator. Tbg 50 psi, csg 0 psi.
- 2) RIH w/ 3 FS swab cups to 2580'. Fluid was scattered.
- 3) 2nd run: hit fluid @ 2450'. Rvc 2 bbls
- 4) 3rd run: hit fluid @ 1850'. Rvc 6 bbls, mostly wtr
- 5) 4th run: hit fluid @ 1135'. Rvc .5 bbl oil and 4 bbls wtr.
- 6) SWIFN, tbg pressure 150 psi, csg 0 psi.

8/14/18

- 1) AOL, Tbg 175 psi, csg 0 psi
- 2) RIH w/ SC, tagged fluid at 1100', Rvc 2 bbls oil and 8 bbls wtr. Tbg pressure 200 psi, csg 0 psi.
- 3) Turned well to battery, RD Swab Unit

Well is flowing 2 bopd/ 8 bwpd.

Accepted For Record
 NMOCD

9-12-18

14. I hereby certify that the foregoing is true and correct
 Name (Printed/Typed)

M.Y. Merchant

Title Agent

Signature

[Handwritten Signature]

Date

9/11/18

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by _____

Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Title _____

Office _____

Pending BLM approvals will subsequently be reviewed and scanned

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdic

(Instructions on page 2)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
OMB No 1004-0137
Expires: January 31, 2018

SUNDRY NOTICES AND REPORTS ON WELLS
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5. Lease Serial No. **NMLC047269A**

6. If Indian, Allottee or Tribe Name

SUBMIT IN TRIPLICATE - Other instructions on page 2

1. Type of Well
 Oil Well Gas Well Other

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

3a. Address **1515 Calle Sur, Ste 174, Hobbs, NM 88240** 3b. Phone No. (include area code) **575-492-1236**

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
7-T18S-R30E 1270' FNL & 1370' FEL

7. If Unit of CA/Agreement, Name and/or No.
8910085280

8. Well Name and No. **WLH G4S Unit #7**

9. API Well No. **30-015-04495**

10. Field and Pool or Exploratory Area
Loco Hills : Qn-GB-SA

11. Country or Parish, State
Eddy, NM

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

TYPE OF SUBMISSION	TYPE OF ACTION			
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<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Hydraulic Fracturing	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

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Request change of status from injector to a producer well.

**NM OIL CONSERVATION
ARTESIA DISTRICT**

SEP 14 2018

**Accepted For Record
NMOCD**

M 9.14.18 **RECEIVED**

14. I hereby certify that the foregoing is true and correct. Name (Printed/Typed) **M. Y. Merriam**

Signature *[Handwritten Signature]* Title **Production Manager**

Signature *[Handwritten Signature]* Date **9.14.18**

THE SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by _____ Title _____

Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon. Office _____

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subsequently be reviewed
and scanned**

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