Submit 3 Copies to Appropriate District Office  DISTRICT I P.O. Box 1980, Hobbs, MM 88240 RECEIVED OIL CONSERVATION DIVISION 2040 Pacheco St.	Form C-103 Revised 1-1-89	
\5: 000 - ANICON - 3/ Santa Fa NM 87505	30-015-32389	
P.O. Drawer DD, Artesia, N.M. 88210	sIndicate Type of Lease	
P.O. Drawer DD, Artesia, 12 88210  DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87218 Z EZ Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z	STATE XX FEE State Oil & Gas Lease No.	
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.)	₁Lease Name or Unit Agreement Name	
Type of Well: OiL Ny GAS	State "W"	
WELL XX WELL OTHER  2Name of Operator	sWell No.	
Pogo Producing Company	4	
P. O. Box 10340, Midland, TX 79702-7340	Pool name or Wildcat Carlsbad Delaware South	
4Well Location	Feet From TheWest Line	
Section 3 Township 23S Range 26E	NMPM Eddy County	
**************************************		
Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data		
NOTICE OF INTENTION TO: SUBS	SEQUENT REPORT OF:	
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING	
TEMPORARILY ABANDON 1985 A SEA CHANGE PLANS 1982 A SEA COMMENCE DRILLING OF	PNS. PLUG AND ANBANDONMENT	
PULL OR ALTER CASING CASING TEST AND CEME	ENT JOB	
OTHER: OTHER: Frac	<u>X</u>	
12Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including es work) SEE RULE 1103.	stimated date of starting any proposed	
01/28/03 POH w/ rods & pump.		
01/29/03 Frac 2536-50 w/ 19,000# 16/30 Ottawa + 20,500# 16/30 SLC. Swab.		
01/30/03 Return well to production.		

TYPE OR PRINT NAME Cathy Tomberlin  (This space for State User 2 2/7)	District Sypwise	
SIGNATURE CAthy Imberlia	тиц <u>e Sr. Operation Tech</u> (915)685-8	DATE 02/05/03
thereby certify that the information above is true and complete to the best of my	knowledge and belief. Class Tel. Class	\$5 \$15 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
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CONDITIONS OF APPROVAL, IF ANY: