

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.	30-015-20160
Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
State Oil & Gas Lease No.	K-851

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.)	
RECEIVED FEB 26 2004	
Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	Lease Name or Unit Agreement Name State 19
Name of Operator Pogo Producing Company	Well No. 1
Address of Operator P. O. Box 10340, Midland, TX 79702-7340	Pool name or Wildcat McMillan Wolfcamp Southwest
Well Location Unit Letter <u>F</u> : <u>1650</u> Feet From The <u>North</u> Line and <u>1650</u> Feet From The <u>West</u> Line Section <u>19</u> Township <u>20S</u> Range <u>27E</u> NMPM <u>Eddy</u> County	
Elevation (Show whether DF, RKB, RT, GR, etc.)	

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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: Plug back ☒

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.

01/26/04 RIH w/ RBP & set @ 186'. Test to 1000#. POH w/ tbg. ND BOP. Latch onto RBP @ 186' & POH. RIH w/ CIBP & set @ 10,300'. Test csg to 1500#.
01/28/04 Dump 50' cmt on CIBP @ 10,300'. Set 2nd CIBP @ 8124'. Test csg to 1500# ok. Perf Wolfcamp 7954-70 and 7896-7926 w/ 2 spf.
01/29/04 Acdz w/ 5000 gals 15% acid.

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 02/25/04
TYPE OR PRINT NAME Cathy Wright 432-685-8100 TELEPHONE NO.

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: