

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

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

OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

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

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

WELL API NO.  
30-015-28138

5. Indicate Type of Lease  
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.  
VA 836

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.)

7. Lease Name or Unit Agreement Name

H. Buck State

1. Type of Well:  
OIL WELL ☒ GAS WELL ☐ OTHER

8. Well No.  
2

2. Name of Operator  
Pogo Producing Company

9. Pool name or Wildcat  
Cedar Canyon Delaware

3. Address of Operator  
P. O. Box 10340, Midland, TX 79702-7340

4. Well Location  
Unit Letter H : 1980 Feet From The North Line and 660 Feet From The East Line  
Section 16 Township 24S Range 29E NMPM Eddy County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
2925.0' GR

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 ABANDONMENT ☐  
CASING TEST AND CEMENT JOB ☐  
OTHER: ☐

12. 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.

1/12/95 Set CIBP @ 6370'. Perf 6230'-60' (60 - .50" dia holes)  
Acidize w/ 1000 gals 7-1/2% HCl.

1/13/95 Frac perfs 6230'-60' w/ 94,980# 16/30 sand.

1/15/95 Run production equipment. Put well on production.

MAR - 2 1995

OIL CONSERV. DIV.  
DIST. 2

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

SIGNATURE Barrett L. Smith TITLE Senior Operations Engineer DATE 2/28/95  
TYPE OR PRINT NAME Barrett L. Smith (915)682-6822  
TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY TIM W. GUN  
DISTRICT II SUPERVISOR

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: