

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

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

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

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

WELL API NO.  
30-015-28636

5. Indicate Type of Lease  
STATE ☒ FEE ☐

6. 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.)

7. Lease Name or Unit Agreement Name

H. Buck State

1. Type of Well:

OIL WELL ☒ GAS WELL ☐

OTHER

2. Name of Operator

Pogo Producing Company

8. Well No.

6

3. Address of Operator

P. O. Box 10340 Midland, TX 79702-7340

9. Pool name or Wildcat

Cedar Canyon Delaware

4. Well Location

Unit Letter P : 330 Feet From The South 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' 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.

6/11/96 Set CIBP @ 6150'. Test to 3000 psi.

6/12/96 Perf Brushy Canyon 5214'-50' (72-.38" Dia holes)

6/13/96 Acidize Brushy Canyon w/1000 gals 7½% HCL. Frac w/40,000# 16/30 sand.

6/14/96 Circulate out excess sand. Swab well clean.

6/15/96 Run production equipment. Put well on production.

JUN 24 1996

W. G. GUM, DIST. II  
SUPERVISOR

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

SIGNATURE W. G. GUM TITLE Senior Operations Engineer DATE 6/21/96

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY TIM W. GUM  
DISTRICT II SUPERVISOR

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE JUL 1 1996

CONDITIONS OF APPROVAL, IF ANY: