

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.
30-015-28638

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.)

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

2. Name of Operator
Pogo Producing Company

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

4. Well Location
Unit Letter O : 990 Feet From The South Line and 1650 Feet From The East Line

Section 21 Township 24S Range 29E NMPM Eddy County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
2933' GR

7. Lease Name or Unit Agreement Name

Gaines "21"

8. Well No.

1

9. Pool name or Wildcat

Eddy Undes., Group 4

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.

Pogo Producing Company respectfully request permission to alter the casing and hole sizes for the above mentioned well. These changes will help our economics and have no adverse affect on drilling and produciton

Hole Size	Csg Size	Depth	Sks	Est
	Wgt		Cmt	TOC
14-3/4"	10-3/4" 40.5#	500'	375 sks	Surface
9-7/8"	7-5/8" 26.40#	2900'	750 sks	Surface
6-3/4"	4-1/2" 11.60#	7800'	1100	2000'

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

SIGNATURE Richard L. Wright TITLE Division Operations Manager DATE 10/6/95

TYPE OR PRINT NAME Richard L. Wright TELEPHONE NO. (915) 682-6822

(This space for State Use)

ORIGINAL SIGNED BY TIM W. GUM
DISTRICT II SUPERVISOR

APPROVED BY _____ TITLE _____ DATE OCT 13 1995

CONDITIONS OF APPROVAL, IF ANY: