

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.
30-015-29309

Indicate Type of Lease
STATE ☐ 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.)

Type of Well:
OIL WELL ☒ GAS WELL ☐ OTHER

Name of Operator
Pogo Producing Company

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

Well Location
Unit Letter I : 2260 Feet From The South Line and 330 Feet From The East Line
Section 15 Township 24S Range 29E NMPM Eddy County

Elevation (Show whether DF, RKB, RT, GR, etc.)
2930' GR

Lease Name or Unit Agreement Name

Haroun 15

Well No.
4

Pool name or Wildcat
Pierce Crossing Delaware, East

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 ANBANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: PB to Delaware ☒

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.

06/05/99 Latch & POOH RBP @ 7016. RIH w/ CIBP @ 6800'. Perf Delaware 6656-80 (48 - .38" dia holes).

06/08/99 Acdz w/ 1000 gals 7-1/2% HCL. Swab test.

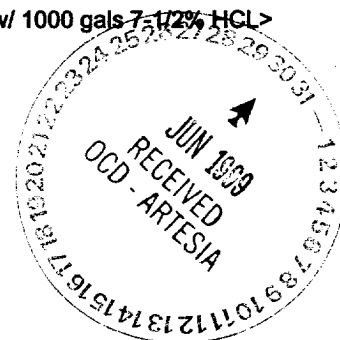
06/09/99 Perf Delaware 6307-34 (54 - .38" dia holes). Set RBP @ 6498 & test to 3000# ok. Acdz w/ 1000 gals 7-1/2% HCL

06/10/99 Swab test.

06/13/99 Frac 6307-34 w/ 31,000# 16/30 Ottawa followed by 16,000# SLC.

06/14/99 Swab test.

06/17/99 Run production equipment & return well to production.



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

SIGNATURE

Cathy Tomberlin

TITLE Operations Tech

DATE 06-28-99

TYPE OR PRINT NAME Cathy Tomberlin

TELEPHONE NO. (915)685-8100

(This space for State Use)

APPROVED BY

Jim W. Green

TITLE

District Supervisor

DATE

7-1-99

CONDITIONS OF APPROVAL, IF ANY: