Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

CISÍ "

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

(

OIL CONSERVATION DIVISION

2040 Pacheco St. Santa Fe. NM 87505 WELL API NO. 30-015-30336

DISTRICT II Santa Fe, NM 87505					30-013-30330		
P.O. Drawer DD, Artesia, NM 88210					sIndicate Type of Lease		
DISTRICT III						STATE	FEE
1000 Rio Brazos Rd., Aztec, NM 87410					6State Oil & Gas Le	ase No.	
		 				4	
SUN	and the second second second second						
(DO NOT USE THIS FOR DIFFER	⁷ Lease Name or Unit Agreement Name						
	Coyote 21						
Type of Well:					Coyole 21		
WELL 🔀	GAS WELL	OTHER					
₂Name of Operator	«Well No.						
Pogo Producing Comp	3						
³ Address of Operator P. O. Box 10340, Midland, TX 79702-7340					Pool name or Wildcat		
4Well Location					Cedar Canyon Delaware		
Unit Letter M	. 330 _{Eo}	et From The Sout	h	Line and 1300		10/004	
Onit Letter	:Fe	et From The Sout	''	Line and 1300	Feet From The	West	Line
Section	21	Township 249	s i	Range 29E	NMPM	Eddy	County
		□Elevation (Show whe			141VII 1VI	T was 1986	County
		2914' GR		·		A SECURE OF STREET	
11	Check Appr	opriate Box to Indic	ate Na	ature of Notice. Re	port, or Other	Data	
NOTICE OF COMPANY					SEQUENT REPORT OF:		
PERFORM REMEDIAL WORK	1.1	PLUG AND ABANDON			r		
	[]		F	REMEDIAL WORK		ALTERING CASIN	1G
TEMPORARILY ABANDON	l., l	CHANGE PLANS	X	COMMENCE DRILLING OF	PNS.	PLUG AND ANBAN	NDONMENT
PULL OR ALTER CASING CASING TEST AND CEMI					ENT JOB		
OTHER:				OTHER:			1
12Describe Proposed or Comple	eted Operations (C	leady state all pedigent details	and aire				
work) SEE RULE 1103.	ned operations (e	rearry state all pertinent details,	and give	perunent dates, including es	timated date of starting	; any proposed	
Paga Producing Compa	ny roonaattullu	namenakka autoud II Tr					
		request to extend the TE or sundry shows Pogo se				0'. This will allow	Pogo to
7-7/8" to 6-3/4" which wi	ll allow for 4-1/	2" casing to be set assur	ning a p	productive Bone Spring	·	o change note siz	76 IIOIII

ns Manager DATE 09-25-98

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

SIGNATURE FINANCIAL CHAPTER

TITLE Division Operations Manager

TYPE OR PRINT NAME Richard L. Wright

TELEPHONE NO. (915)685-8100

(This space for State Use)

APPROVED BY

ORIGINAL SIGNED BY TIM W. GUM, DISTRICT II SUPERVISOR

TITLE

DATE 9-30-98