

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NM OIL CONS COMMISSION
Drawer DD
Artesia, NM 88210

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

C/SF

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

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JUL 28 1995

OIL CON. DIST. 2

1 Type of Well <input type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other	8. Well Name and No. Federal 11 No. 1
2 Name of Operator Pogo Producing Company ✓	9. API Well No. 30-015-24100
3 Address and Telephone No. P. O. Box 10340, Midland, TX 79702-7340 (915)682-6822	10. Field and Pool, or Exploratory Area Tecolote Peak
4 Location of Well (Footage, Sec., T., R., M., or Survey Description) 660' FNL & 660' FEL, Section 12, T26S, R28E	11. County or Parish, State Eddy County, NM

12 CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other <u>Casing Integrity Test</u>
	<u>Bradenhead Test</u>
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

7/1/95 Performed casing integrity test on the above well. Pressured casing w/ 10# BW to 515 psi. Held pressure on casing for 30 minutes. Ending pressure was 520 psi. Notified BLM 48 hours prior to test. No BLM representative witnessed test. Test chart attached.

7/19/95 Performed Bradenhead Test on the above well. Opened surface casing valve. Read 0 psi on gauge. No flow. Opened intermediate casing valve. Read 0 psi on gauge. No flow. Notified BLM 48 hours prior to test. No BLM representative witnessed test.

David P. Glass

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JUL 24 9 27 AM '95

14. I hereby certify that the foregoing is true and correct

Signed *David P. Glass* Title Senior Operations Engineer Date 7/20/95

(This space for Federal or State office use)

Approved by _____ Title _____ Date _____
Conditions of approval, if any: