

Submit 3 Copies To Appropriate District Office  
 District I  
 1625 N. French Dr., Hobbs, NM 88240  
 District II  
 1301 W. Grand Ave., Artesia, NM 88210  
 District III  
 1000 Rio Brazos Rd., Aztec, NM 87410  
 District IV  
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
 Energy, Minerals and Natural Resources

Form C-103  
 March 4, 2004

OIL CONSERVATION DIVISION  
 1220 South St. Francis Dr.  
 Santa Fe, NM 87505

WELL API NO. 30-015-31432
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name State "W"
8. Well Number 2
9. OGRID Number 017891
10. Pool name or Wildcat Undes Frontier Hills; Strawn

**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

RECEIVED

OCT 18 2005

2. Name of Operator  
 Pogo Producing Company

OCD-ARTESIA

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

4. Well Location  
 Unit Letter M : 660 feet from the South line and 660 feet from the West line  
 Section 3 Township 23S Range 26E NMPM Eddy County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
 3312

**Pit or Below-grade Tank Application (For pit or below-grade tank closures, a form C-144 must be attached)**

Pit Location: UL      Sect      Twp      Rng      Pit type      Depth to Groundwater      Distance from nearest fresh water well       
 Distance from nearest surface water      Below-grade Tank Location UL      Sect      Twp      Rng      ;  
     feet from the      line and      feet from the      line

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: Plugging back <input checked="" type="checkbox"/>	

13. 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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

- 11/06/04 Set CIBP @ 11,455'. Test to 4000# ok. Cap w/ 50' cmt. Perf Strawn 10412-420, 10506-522 w/ 1 spf.
- 11/09/04 Acdz w/ 1000 gals 15% acid. Swab.
- 11/17/04 Set CIBP @ 10,390'. Test to 4000# ok. Perf Strawn Lime 10,308-336 w/ 2 spf.
- 11/18/04 Acdz w/ 1500 gals 15% acid. Swab. End of 2-3/8" tbg @ 10,154'.  
 Well is SI pending Engineering evaluation.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines , a general permit  or an (attached) alternative OCD-approved plan .

SIGNATURE Cathy Wright TITLE Sr. Eng. Tech DATE 10/14/05  
 Type or print name Cathy Wright E-mail address: wrightc@pogoproducing.com Telephone No. 432-685-8100

(This space for State use)

FOR RECORDS ONLY

OCT 19 2005

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
 Conditions of approval, if any: