

Submit 3 Copies  
to Appropriate  
District Office

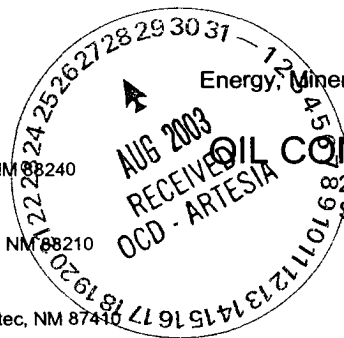
State of New Mexico  
Energy, Minerals and Natural Resources Department

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

2040 Pacheco St.  
Santa Fe, NM 87505

WELL API NO.  
30-015-29987

Indicate Type of Lease

STATE ☐

FEE ☐

State Oil & Gas Lease No.

Lease Name or Unit Agreement Name

Harroun 15

Well No.

7

Pool name or Wildcat

Cedar Canyon Delaware

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 C : 330 Feet From The North Line and 1980 Feet From The West Line

Section 15 Township 24S Range 29E NMPM Eddy County

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

2939' GR

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: Add Delaware Perfs ☒

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.

08/14/03 POOH w/ rods & pump.

08/15/03 Perf Delaware 5070-95 w/ 2 spf. Set RBP @ 5210. Test to 3000# ok. Acdz w/ 1500 gals 7-1/2% acid. Swab.

08/20/03 Frac w/ 29,500# 20/40 SLC.

08/24/03 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

Sr. Operation Tech

DATE

08/25/03

TYPE OR PRINT NAME

Cathy Tomberlin

432-685-8100

TELEPHONE NO.

(This space for State Use)

APPROVED BY

FOR RECORDS ONLY

TITLE

DATE

AUG 28 2003

CONDITIONS OF APPROVAL, IF ANY: