

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N. IL CONS COMMISSION
Drawer DD
Artesia, NM 88210

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

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

CONFIDENTIAL

1. Type of Well

☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator

Pogo Producing Company

3. Address and Telephone No.

P. O. Box 10340, Midland, TX 79702-7340 (915)682-6822

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

72C' FNL & 2005' FEL, Section 11, T17S, R29E

5. Lease Designation and Serial No.
NM-016786

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Saber Federal No. 1

9. API Well No.

30-015-27882

10. Field and Pool, or Exploratory Area

Wildcat Morrow

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

☐ Notice of Intent
☒ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

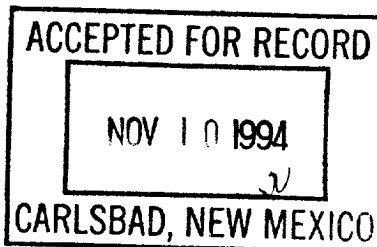
☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☒ Other Spud & Surface Casing

☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ 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.)*

MIRU Nabors 303. Spud well @ 19:30 hrs CDT 4/19/94. Drilled 17-1/2" hole to 455'. Ran 10 jts 13-3/8" 54.5# J-55 ST&C casing. Cmt'd w/ 200 sxs Thick set w/ 2% CaCl₂ 14.2 ppg. Tailed w/ 200 sxs "C" w/ 2% CaCl₂ 14.8 ppg. Plug down @ 14:00 hrs CDT 4/20/94. Circ'd 20 sxs cmt. NU BOP's. Tested to 500#. Total WOC 18-1/2 hrs.



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

Signed [Signature]

Title Division Operations Manager

Date Nov. 2, 1994

(This space for Federal or State office use)

Approved by

Conditions of approval, if any:

Title

Date