| 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. Box 1980, Hobbs, NM 88240 RECEIVED | WELL API NO. 30-015-32474 |
| DISTRICT III P.O. Drawer DD, Artesia, NM.88210 OCD - ARTESIA DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87810 | sIndicate Type of Lease STATE XX FEE State Oil & Gas Lease No. |
| 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.) | rLease Name or Unit Agreement Name |
| Type of Well: Oil GAS WELL WELL XX OTHER | Pecos 32 State |
| Name of Operator Pogo Producing Company | «Well No. |
| P. O. Box 10340, Midland, TX 79702-7340 | McMillan Morrow North (Gas) |
| 4Well Location Unit Letter $\underline{I}:\underline{1980}$ Feet From The $\underline{}$ South $\underline{}$ Line and $\underline{}$ 660 | Feet From The East Line |
| Section 32 Township 19S Range 27E | NMPM Eddy County |
| ∞Elevation (Show whether DF, RKB, RT, GR, etc.) | Southy |
| Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data | |
| MOTIOE OF MITTHEWAY | EQUENT REPORT OF: |
| PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK | ALTERING CASING |
| TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OP | |
| PULL OR ALTER CASING CASING TEST AND CEMER | |
| OTHER: OTHER: | |
| aDescribe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103. | |
| | |
| 40/04/00 14/04/10 14/0 | |
| 10/31/02 MIRU Auger Air. Spud well @ 23:00 hrs. Drlg w/ air 0'-20'. Lease hold at 20'. | |
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| I hereby certify that the information above is true and complete to the best of my knowledge and belief. | |
| SIGNATURE (ally ambul TITLE Sr. Operation | |
| TYPE OR PRINT NAME Cathy Tomberlin (915) |) 685-8100 TELEPHONE NO. |
| APPROVED BY For Decard Chy By | NOV 1 2 2002 |
| CONDITIONS OF APPROVAL, IF ANY: | |