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

OIL CONSERVATION DIVISION 2040 Pacheco St.

WELL API NO.		
30-015.	-10	300
sIndicate Type of Lease		
	STATE	FEE
₅State Oil & Gas Lease N	0.	

DISTRICT II Santa Fe, NM 87505				30-015-10300			
P.O. Drawer DD, Artesia, NM 88210				₅Indicate Type of Lea			
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410				₅State Oil & Gas Lea			
SUNDRY NOTICES AND REPORTS ON OF THE PROPOSALS TO DRILL OR TO DEED DIFFERENT RESERVOIR. USE "APPLICATION FOR (FORM C-101) FOR SUCH PROPOSALS.)	₁Lease Name or Unit						
₁Type of Well: OIL GAS WELL WELL MELL OTHER							
2Name of Operator Pogo Producing Company	₃Well No. 1						
³ Address of Operator P. O. Box 10340, Midland, TX 79702-7340	∍Pool name or Wildc Morrow	at					
4Well Location Unit Letter F : 1980 Feet From The North		Line and	1980	Feet From The	West Line		
Section 18 Township 20S	F	Range	27E	NMPM	Eddy County		
□ Elevation (Show whether 3311' GL	er DF, I	RKB, RT, GR, etc.)		1		
11 Check Appropriate Box to Indicate	e Na	ture of Noti	ce, Rep	oort, or Other I	Data		
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:							
PERFORM REMEDIAL WORK PLUG AND ABANDON		REMEDIAL WO	RK		ALTERING CASING		
TEMPORARILY ABANDON CHANGE PLANS		COMMENCE DRILLING OPNS. PLUG AND ANBANDONMENT					
PULL OR ALTER CASING		CASING TEST AND CEMENT JOB					
OTHER: Re-enter	X	OTHER:					
12Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.							
Pogo Producing Company request permission to reenter the above captioned well and reestablish production in the Morrow.							
The above captioned well was P&A'd 1/12/85.							
				À	*		
				/ <u>©</u>	OC PEC.		
				। विश्वी 	ARXED		
					ESIA ST		
					्रेड्य श रा ग्रेसिंग		
					of CLL		
I hereby certify that the information above is true and complete to the best of my k							
SIGNATURE WHEY TOMBUL	TIT	TLE Operation:	s Tech		DATE 11-02-99		
TYPE OR PRINT NAME Cathy Tomberlin					тецерноме мо. (915)685-8100		

(This space for State Use) TITLE ____ APPROVED BY _____ DATE CONDITIONS OF APPROVAL, IF ANY: