

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Oil Cons.
N.M. I - Dist. 2
1301 W. Grand Avenue
Artesia, NM 88210

FORM 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

1. Type of Well
☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator
Pogg Producing Company

3. Address and Telephone No.

P. O. Box 10340, Midland, TX 79702-7340 (915)685-8100

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

660' FNL & 1650' FEL, Section 33, T21S, R31E

5. Lease Designation and Serial No.
NM-96231

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Lost Tank 33 Federal #12

9. API Well No.
30-015-29678

10. Field and Pool, or Exploratory Area
Lost Tank Delaware West

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

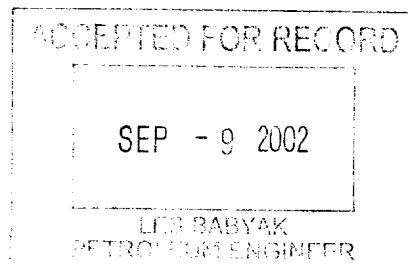
TYPE OF ACTION

- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☒ Other Add Pay
☐ 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.)*

08/14/02 TOH w/ rods, pump & tbq.
08/15/02 TIH w/ CIBP & set @ 7750. Perf Delaware 6882-6900 w/ 2 jsf. Acdz 6882-6900 w/ 1000 gals 7-1/2% acid.
08/16/02 Swab.
08/17/02 Frac 6882-6900 w/ 38,000# 20/40 SLC.
08/20/02 Return well to production.



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

Signed Cathy Amberlin
(This space for Federal or State office use)

Title Sr. Operation Tech

Date 08/27/02

Approved by _____
Conditions of approval, if any:

Title _____

Date _____