

CLSF  
Op

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

## OIL CONSERVATION DIVISION

2040 Pacheco St.  
Santa Fe, NM 87505

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO. 30-015-30379
Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>
State Oil & Gas Lease No.
Lease Name or Unit Agreement Name Airport 35
Well No. 1
Pool name or Wildcat Wildcat

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER	
Name of Operator Pogo Producing Company	
Address of Operator P. O. Box 10340, Midland, TX 79702-7340	
Well Location Unit Letter <u>M</u> : <u>990</u> Feet From The <u>South</u> Line and <u>990</u> Feet From The <u>West</u> Line Section <u>35</u> Township <u>22S</u> Range <u>26E</u> NMPM <u>Eddy</u> County	
Elevation (Show whether DF, RKB, RT, GR, etc.) 3259' GL	

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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: Alter TD ☒

### SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ PLUG AND ANBANDONMENT ☐  
CASING TEST AND CEMENT JOB ☐  
OTHER: ☐

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.

Pogo Producing Company respectfully request permission to alter the approved APD's TD from 8050' to 5500'. We also request that the intermediate casing be eliminated and the revised program be approved for the drilling of the above captioned well.

Hole Size 12-1/4" 7-7/8"	Casing Size 8-5/8 5-1/2	Csg wgt/gr 24# J55 15.5# J-55	Depth 650 5500	Sacks Cmt 400 sks 1000 sks	TOC circulated circ'd stage tool @ 2000'
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I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Richard L. Wright TITLE Division Operations Manager DATE 10-30-98

TYPE OR PRINT NAME Richard L. Wright

TELEPHONE NO. (915)685-8100

(This space for State Use)

APPROVED BY Jim W. Beem TITLE District Supervisor DATE 11-4-98

CONDITIONS OF APPROVAL, IF ANY: