

Submit 3 Copies  
to Appropriate  
District Office

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

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

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

State of New Mexico  
Energy, Minerals and Natural Resources Department

## OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87501-0288

Form C-103  
Revised 1-1-89

WELL API NO. 30-015-30379

5. Indicate Type of Lease  
STATE ☐ FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

Airport 35

8. Well No. 1

9. Pool name or Wildcat  
Wildcat

1. Type of Well:

OIL WELL ☒ GAS WELL ☐

OTHER

2. Name of Operator

POGO PRODUCING COMPANY

3. Address of Operator

P. O. BOX 10340, Midland, Texas 79702

4. Well Location

Unit Letter M : 990 Feet From The South Line and 990 Feet From The West Line

Section 35 Township 22-S Range 26-E NMPM Eddy County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

3259' GL

11.

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

### NOTICE OF INTENTION TO:

### SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

REMEDIAL WORK ☐

ALTERING CASING ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

PULL OR ALTER CASING ☐

CASING TEST AND CEMENT JOB ☐

Drilling

OTHER: ☐

OTHER: ☐

12. 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.

9/01/98 TD 40'. Y: MIRU Auger Air. Spud well 1030 hrs CDT 8/31/98.  
9/02-18/98 TD 40'. PO: WO RT.  
9/19/98 TD 50'. PO: WO RT. Y: Ream & CO to 14" hole. Drl 14" hole to 50'.  
9/20-30/98 TD 50'. PO: WO RT.  
10/01-06/98 TD 50'. PO: WO RT.  
10/07/98 TD 55'. PO: WO RT. Y: Ream & CO 14" hole to 50'. Drl 14" hole to 55'.  
10/08-26/98 TD 55'. PO: WO RT.  
10/27/98 TD 60'. PO: WO RT. Y: CO 14" hole 34-55'. Drl 14" hole to 60'.  
10/28-11/14/98 TD 60'. PO: WO RT.  
11/16/98 TD 65'. PO: Building location. Y: Set conductor csg.  
11/17-21/98 TD 65'. PO: WO RT.  
see attached

I hereby certify that the information above is true and accurate to the best of my knowledge and belief.

Division Operations Mgr

SIGNATURE [Signature] TITLE [Signature] DATE 11/30/98

TYPE OR PRINT NAME TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY TIM W. GUM  
DISTRICT II SUPERVISOR

APPROVED BY [Signature] TITLE [Signature] DATE 12-4-98