

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. Drawer DD, Artesia, NM 88210

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

OIL CONSERVATION DIVISION

2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO. 30-015-31636
Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
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.)	
Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	Lease Name or Unit Agreement Name McMillan 24 State
Name of Operator Pogo Producing Company	Well No. 1
Address of Operator P. O. Box 10340, Midland, TX 79702-7340	Pool name or Wildcat McMillan Wolfcamp, SW
Well Location Unit Letter P : 660 Feet From The South Line and 660 Feet From The East Line Section 24 Township 20S Range 26E NMPM Eddy County	
Elevation (Show whether DF, RKB, RT, GR, etc.) 3278' GR	

11 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: Evaluate Reservoir ☒

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 request permission to test the above captioned well for reservoir evaluation for approximately 60 days. Allowable will be exceeded, but will be made up in the subsequent months.

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

SIGNATURE Cathy Tomberlin TITLE Sr. Operation Tech DATE 01/13/03
TYPE OR PRINT NAME Cathy Tomberlin (915)685-8100 TELEPHONE NO.

(This space for State Use)

APPROVED BY [Signature] TITLE DISTRICT II SUPERVISOR DATE JAN 23 2003

CONDITIONS OF APPROVAL, IF ANY: