

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. 30-015-31640
Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
State Oil & Gas Lease No.
Lease Name or Unit Agreement Name Lost Tank 35 State
Well No. 7
Pool name or Wildcat Lost Tank Delaware
Elevation (Show whether DF, RKB, RT, GR, etc.) 3507' GR

SUNDRY NOTICES AND REPORTS ON WELLS RECEIVED
(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 ☒ GAS WELL ☐ OTHER

Name of Operator
Pogo Producing Company /

Address of Operator
P. O. Box 10340, Midland, TX 79702-7340

Well Location
Unit Letter K : 1650 Feet From The South Line and 2030 Feet From The West Line
Section 35 Township 21 Range 31 NMPM Eddy County

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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: ☐

SUBSEQUENT REPORT OF:

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

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.

10/29/02 POOH w/ rods, pump & tbg. Set CIBP @ 7900'. Perf Delaware 7836-48 w/ 2 spf.
10/30/02 Test CIBP to 3000#. Acdz 7836-48 w/ 1000 gals 7-1/2% acid. Perf Delaware 6904-28 w/ 2 spf.
10/31/02 RIH w/ RBP & set @ 7626. Tested ok. Spot 10' sd on RBP. Acdz 6904-28 w/ 1000 gals 7-1/2% acid.
11/01/02 Frac 6904-28 w/ 30,500# 20/40 SLC. Swab.
11/05/02 Return well to production. EOT @ 6809'.

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 11/13/02
TYPE OR PRINT NAME Cathy Tomberlin (915)685-8100 TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY TIM W. GUM
DISTRICT II SUPERVISOR

NOV 19 2002

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: