

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. 30-015-31641
Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
State Oil & Gas Lease No. V-3604
Lease Name or Unit Agreement Name Lost Tank 35 State
Well No. 8
Pool name or Wildcat Lost Tank Delaware

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	
Name of Operator Pogo Producing Company	
Address of Operator P. O. Box 10340, Midland, TX 79702-7340	
Well Location Unit Letter <u>L</u> : <u>1650</u> Feet From The <u>South</u> Line and <u>610</u> Feet From The <u>West</u> Line Section <u>35</u> Township <u>21</u> Range <u>31</u> NMPM <u>Eddy</u> County	
Elevation (Show whether DF, RKB, RT, GR, etc.) 3518' 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: ☐

SUBSEQUENT REPORT OF:

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

05/23/01 TOH w/ rods & pump. Perf Delaware 6864'-90' w/ 2 spf. Set RBP @ 7200' & test to 3000# ok.

05/24/01 Acdz 6864'-90' w/ 1000 gals 7-1/2% acid. Swab.

05/26/01 Frac 6864'-90' w/ 23,500# 20/40 white ramped + 14,000# 20/40 super LC. Swab.

05/30/01 Return well to production.



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

SIGNATURE Cathy Tomberlin TITLE Operation Tech DATE 06-06-01

TYPE OR PRINT NAME Cathy Tomberlin TELEPHONE NO. 915-685-8100

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: