

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

454

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" for such proposals.)

1. ☐ OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR
Pogo Producing Company

3. ADDRESS OF OPERATOR
P.O. Box 10340, Midland, Texas 79702-7340

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
1980' FSL and 660' FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3046.4 GR

5. LEASE DESIGNATION AND SERIAL NO.
NM-15433

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Com No SCR-89

7. UNIT AGREEMENT NAME
Northeast Loving

8. FARM OR LEASE NAME
NEL Com

9. WELL NO.
1

10. FIELD AND POOL, OR WILDCAT
North Loving Atoka

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 9, T-23-S, R-28-E

12. COUNTY OR PARISH
Eddy

13. STATE
NM

RECEIVED

JUN 20 '90

O. C. D.
ARTESIA, OFFICE

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input checked="" type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input checked="" type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.) *

- 2/13/90: SI well @ 7:00 a.m. MST. MIRU Jarrell W/L, run gauge, found obstruction @ 11,496', lost impression block and various W/L tools
- 2/14-15/90: Attempt to fish W/L tools, failed, fish top 11,312'.
- 2/16-19/90: W/O pulling unit.
- 2/20-22/90: R/U Real Well Service Rig 31, load tubing w/10# per gal BW, perf holes in tbgs 11,258-59'. Swab csg annulus load
- 2/23-24/90: Finish swabbing load, remove tree, N/U BOP's, attempt to release pkr @ 11,500' failed, N/D BOP's, install tree, release Rig 1500 hrs MST, will evaluate for workover. Well will not flow w/obstructions in tubing.

ACTED
AER

18. I hereby certify that the foregoing is true and correct

SIGNED Richard L. Wright TITLE Dist. Dir. & Prod. Supt. DATE 6/08/90

(This space for Federal or State office use)

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

*See Instructions on Reverse Side