

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-71

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DISTRIBUTION	
SANTA FE	1
FILE	1
U.S.G.S.	
LAND OFFICE	
OPERATOR	1

5a. Indicate Type of Lease
State ☒ Fee ☐
5. State Oil & Gas Lease No.
L-5117

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.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER -	7. Unit Agreement Name
2. Name of Operator Pogo Producing Company ✓	8. Farm or Lease Name MAW State
3. Address of Operator P.O. Box 10340 Midland, Texas	9. Well No. 1
4. Location of Well UNIT LETTER E 1980 FEET FROM THE North LINE AND 960 FEET FROM THE West LINE, SECTION 14 TOWNSHIP 24-S RANGE 27-E N.M.P.M.	10. Field and Pool, or Wildcat Wildcat
15. Elevation (Show whether DF, RT, GR, etc.) 3165 GR	12. County Eddy

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

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER <u>P & A Morrow & test Strawn</u> <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>

17. 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.

The Morrow will be abandoned and a Strawn completion will be attempted as follows:

1. Set a CIBP at 11,800 and cap with 30' cmt. This will P & A the Morrow perfs from 11,864' - 12578' (OA).

2. Run permanent production equipment (PSA 11,100) and perforate the following Strawn intervals with 1 9/16" tbg gun and 1 shot per ft: 11213'-18', 11352'-58', 11362'-66' and 11370'-77'.

3. Carry out acid stimulation if required.

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

SIGNED Jim Henry TITLE Division Engineer DATE Aug. 28, 1981

APPROVED BY W. A. Gressett TITLE SUPERVISOR, DISTRICT II DATE SEP 9 1981

CONDITIONS OF APPROVAL, IF ANY: