

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

45F

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
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)
At surface
1980' FNL & 1980' FEL
14. PERMIT NO.
15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3621' GR 3642' RKB
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

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MAR 14 '90

O. C. D.
ARTESIA, OFFICE

5. LEASE DESIGNATION AND SERIAL NO
NM-12845
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
SCL Federal
9. WELL NO.
2
10. FIELD AND POOL, OR WILDCAT
Wildcat
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 12, T-22-S, R-31-E
12. COUNTY OR PARISH
Eddy
13. STATE
New Mexico

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF
FRACTURE TREAT
SHOOT OR ACIDIZE
REPAIR WELL
(Other)
PULL OR ALTER CASING
MULTIPLE COMPLETION
ABANDON*
CHANGE PLANT

SUBSEQUENT REPORT OF:

WATER SHUT-OFF
FRACTURE TREATMENT
SHOOTING OR ACIDIZING
(Other) Check casing integrity
REPAIRING WELL
ALTERING CASING
ABANDONMENT*

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

17. OF DRILL 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.)

Pressure up casing to 500 psi for 15 min. (OK). Witnessed by Cathy Queen of BLM and Bill Gill (Consultant) for Pogo Producing Company.

RECEIVED

NOV 14 10 20 AM '89

T.A. STATUS

APPROVED FOR RECORD

Aden

NOV 16 1989

APPROVED FOR 12 MONTH PERIOD

ENDING 11/30/90

GAS LINE, NEW MEXICO

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

SIGNED [Signature] TITLE Dist. Dir. & Prod. Supt.

DATE 11/10/89

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side