

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NM OIL AND GAS COMMISSION
Drawer 10
Albuquerque, NM 87103
dSF

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well
☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator
Pogo Producing Company

3. Address and Telephone No.
P. O. Box 10340, Midland, TX 79702-7340 (915)682-6822

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
1980' FNL & 1980' FEL, Sec. 12, T22S, R31E

5. Lease Designation and Serial No.

NM-12845

6. If Indian, Allottee or Tribe Name

7. If Unit or CA. Agreement Designation

8. Well Name and No.

SCL Federal #2

9. API Well No.

10. Field and Pool, or Exploratory Area

Wildcat

11. County or Parish, State

Eddy County, NM

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☐ Notice of Intent
☒ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

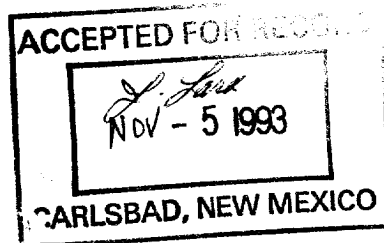
- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☐ Other

- ☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ Dispose Water

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

13. 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.)*

10-6-93 Pressure up casing to 500 psi for 60 minutes. OK. Witnessed by Cathy Queen of BLM and Bill Gill (consultant) for Pogo Producing Company.



RECEIVED
OCT 11 11 00 AM '93

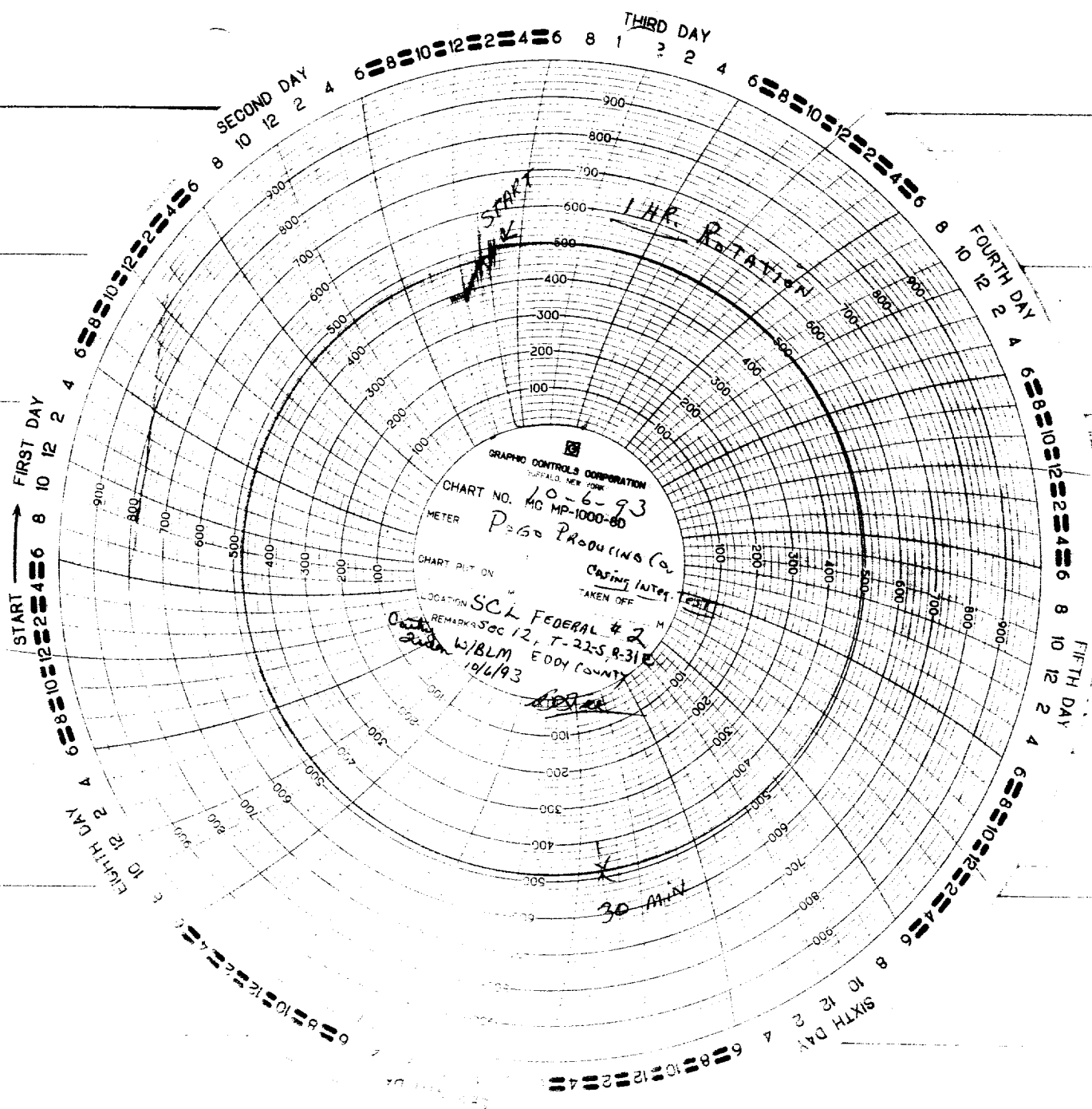
14. I hereby certify that the foregoing is true and correct

Signed [Signature] Title Senior Operations Engineer

Date 10-12-93

(This space for Federal or State office use)

Approved by _____ Title _____ Date _____
Conditions of approval, if any:



GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK
CHART NO. 10-6-93
METER MG MP-1000-60
P-60 PRODUCING CO.
CHART SET ON CASING INTAKE
LOCATION SCL FEDERAL #2
REMARKS SEC 12, T-22-S-R-310
W/BLM EDDY COUNTY
10/6/93
10/6/93