

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-103  
Revised 10-1-78

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SANTA FE	<input checked="" type="checkbox"/>
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LAND OFFICE	<input type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>

RECEIVED BY  
**AUG 12 1987**  
ARTESIA, OFFICE

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

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 TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR" FOR SUCH PROPOSALS.)

OIL WELL ☐ GAS WELL ☒ OTHER ☐

Name of Operator

Pogo Producing Company

Address of Operator

P.O. Box 10340 Midland, Texas 79702

Location of Well

UNIT LETTER J 1780 FEET FROM THE South LINE AND 2460 FEET FROM

THE East 14 TOWNSHIP 24-S RANGE 28-E

7. Unit Agreement Name

8. Farm or Lease Name

Lightfoot "COM"

9. Well No.

1

10. Field and Pool, or Wildcat

Malaga Atoka

11. Elevation (Show whether DF, RT, GR, etc.)

2977' GR 2998' KB

12. County

Eddy

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data  
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☒

TEMPORARILY ABANDON ☐

PULL OR ALTER CASING ☐

PLUG AND ABANDON ☐

CHANGE PLANS ☐

OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

COMMENCE DRILLING OPNS. ☐

CASING TEST AND CEMENT JOB ☐

OTHER ☐

ALTERING CASING ☐

PLUG AND ABANDONMENT ☐

13. 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.

Tag CIBP @ 11,460'. Cap w/35' cement

If CIBP has unseated, RIH 5 1/2" CIBP and reset @ 11,450' and cap w/35' cement.

RIH 9 5/8" CIBP and set @ 9330'±. Check for pressure. If ok, install well head and secure well.

Approval discussed with and approved by Mr. Lester Clements 8/10/87

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

SIGNED *Lester Clements*

TITLE Division Operations Manager

DATE 8/10/87

APPROVED BY \_\_\_\_\_

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: