

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.

30-015-24451

5. Indicate Type of Lease

STATE ☐

FEE ☒

6. 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"
(FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well:

OIL
WELL ☒

GAS
WELL ☐

OTHER

Lightfoot

2. Name of Operator

Pogo Producing Company

8. Well No.

1

3. Address of Operator

P. O. Box 10340, Midland, TX 79702-7340

9. Pool name or Wildcat

Wildcat Delaware

4. Well Location

Unit Letter J : 1780 Feet From The South Line and 2460 Feet From The East Line

Section 14

Township 24S

Range 28E

NMPM

Eddy

County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

2977' GR

11.

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

12. 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.

12/17/95 Spot 70 sxs (200') cmt on top of CIBP @ 9330'. New PBTD 9130'.

12/19/95 Run CBL F/6400'-3800'. Locate TOC @ 3126'. Perf 9-5/8" csg 6104'-40'
(72 - .50" dia holes). Acidize w/ 1000 gals HCL.

12/21/95 Frac Delaware w/ 40,000# 20/40 sand.

12/25/95 Run production equipment. Put well on production. (Note: Working w/
Llano to install gas connect. Will have in place and selling by
1/19/96.)

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

SIGNATURE

Barrett L. Smith

TITLE Sr. Operations Engineer

DATE 1/16/96

TYPE OR PRINT NAME

Barrett L. Smith

(915)682-6822

TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY TIM W. GUM
DISTRICT II SUPERVISOR

APPROVED BY

TITLE

DATE

JAN 23 1996

CONDITIONS OF APPROVAL, IF ANY: