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 OIL CONSERVATION DIVISION

P.O. Box 2088 REGENTS!

	1
WELL API NO.	
30-015-25098	
5. Indicate Type of Lease	

P.O. Drawer DD, Artesia, NM 88210	5. Indicate Type of Lesse							
DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410 SEP 10 '90	STATE FEE XXX							
	6. State Oil & Gas Lease No.							
SUNDRY NOTICES AND REPORTS ON WELLS C. C. D.								
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLANTS SAICK PROPOSALS TO DRILL OR TO DEEPEN OR PLANTS SAICK PROPOSALS TO DRILL OR TO DEEPEN OR PLANTS SAICK PROPOSALS TO DRILL OR TO DEEPEN OR PLANTS SAICK PROPOSALS TO DRILL OR TO DEEPEN OR PLANTS SAICK PROPOSALS TO DRILL OR TO DEEPEN OR PLANTS SAICK PROPOSALS TO DRILL OR TO DEEPEN OR PLANTS SAICK PROPOSALS TO DRILL OR TO DEEPEN OR PLANTS SAICK PROPOSALS TO DRILL OR TO DEEPEN OR PLANTS SAICK PROPOSALS TO DRILL OR TO DEEPEN OR PLANTS SAICK PROPOSALS TO DRILL OR TO DEEPEN OR PLANTS SAICK PROPOSALS TO DRILL OR TO DEEPEN OR PLANTS SAICK PROPOSALS TO DRILL OR TO DEEPEN OR PLANTS SAICK PROPOSALS TO DRILL OR TO DEEPEN OR PLANTS SAICK PROPOSALS TO DRILL OR TO DEEPEN OR PLANTS SAICK PROPOSALS TO DRILL OR TO DEEPEN OR PLANTS SAICK PROPOSALS TO DRILL OR TO DEEPEN OR PLANTS SAICK PROPOSALS TO DRIVE SAICK PRO	7. Lease Name or Unit Agreement Name							
(FORM C-101) FOR SUCH PROPOSALS.)	Lightfoot "Com"							
1. Type of Well: Off GAS XX OTHER	,							
2. Name of Operator Pogo Producing Company	8. Well No.							
P. O. Box 10340 Midland, Texas 79702-7340	9. Pool same or Wildcat Malaga Morrow							
4. Well Location Unit Letter P: 660 Feet From The South Line and 66	50 Feet From The East Line							
	NMPM Eddy County							
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 2978.5 GR								
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data								
NOTICE OF INTENTION TO: SUB	SEQUENT REPORT OF:							
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK	XX ALTERING CASING							
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING	OPNS. DPLUG AND ABANDONMENT							
PULL OR ALTER CASING CASING TEST AND CE	MENT JOB							

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.

OTHER:

SEE ATTACHMENT

OTHER:

	4							
I hereby certify that the infatrofition	shove is true and complete to the best of my knowled			D., 7 -	0.0			0.405.400
SIGNATURE R. L. Wrigh	t /ryet)	_ TITLE	DIST.	urig.	& Prod	. Supt	DATE	9/06/90
TYPE OR PRINT NAME		· -					TELEPI	IONE NO.
(This space for State Use)	ORIGINAL SIGNED BY MIKE WILLIAMS		• • • • • • • • • • • • • • • • • • • •					050 4000
APTROVED BY	SUPERVISOR, DISTRICT IT	_ TITLE			···		DATE -	SEP 1 4 1990