

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPI
(Other instruction,
verse side)

TE
re

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

2/58

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' FSL & 1980' FEL

14. PERMIT NO.
API 30-015-25899

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3593.6' GR, 3622.1' KB

RECEIVED

OCT 03 '88

C.C.D.
ARTESIA OFFICE

5. LEASE DESIGNATION AND SERIAL NO
NM-29233

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Neff 13

9. WELL NO.
1

10. FIELD AND POOL, OR WILDCAT
Wildcat

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec 13, T-22-S, R-31-E

12. COUNTY OR PARISH
Eddy

13. STATE
New Mexico

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

(Other) ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON* ☐

CHANGE PLANS ☐

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other) ☒ Change Operator

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT* ☐

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

17. 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.)

A change of operator will be effective June 29, 1988. The new operator for a completion in the Atoka formation will be:

CNG Production Company
P.O. Box 2115
Tulsa, OK 74101-2115

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

SIGNED [Signature]

TITLE Division Operations Manager DATE 6-28-88

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

ACCEPTED FOR RECORD

DATE

SEP 30 1988

*See Instructions on Reverse Side

SJS
CARLSBAD, NEW MEXICO