

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

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

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 79702-7340

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface
610' FNL and 510' FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether DE, RT, GR, etc.)
3592' GR

5. LEASE DESIGNATION AND SERIAL NO
NM-62590

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Federal 26

9. WELL NO.
1

10. FIELD AND POOL, OR WILDCAT
Livingston Ridge, Delaware

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA
Sec. 26, T-22-S, R-31-E

12. COUNTY OR PARISH
Eddy

13. STATE
New Mexico

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

| NOTICE OF INTENTION TO: | | SUBSEQUENT REPORT OF: | |
|-------------------------|--------------------------|---|-------------------------------------|
| TEST WATER SHUT-OFF | <input type="checkbox"/> | WATER SHUT-OFF | <input type="checkbox"/> |
| FRACTURE TREAT | <input type="checkbox"/> | FRACTURE TREATMENT | <input type="checkbox"/> |
| SHOOT OR ACIDIZE | <input type="checkbox"/> | SHOOTING OR ACIDIZING | <input type="checkbox"/> |
| REPAIR WELL | <input type="checkbox"/> | (Other) State Potential | <input checked="" type="checkbox"/> |
| (Other) | <input type="checkbox"/> | (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.*

11/14/90 - Pumped 24 hrs - recovered 101 BO, 138 BW, 31 MCF

11/15/90 - State Potential - 24 hrs pumping - recovered 110 BO, 127 BW, 44 MCF

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

SIGNED Richard L. Wright TITLE Dist. Drlg & Prod. Supt DATE 11/26/90

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: