

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

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

C/SF

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
660' FSL and 660' FEL of Section 23

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3574' GL

RECEIVED

SEP 13 '90

O. C. D.
ARTESIA, OFFICE

5. LEASE DESIGNATION AND SERIAL NO
NM-62589

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Federal 23

9. WELL NO.
1

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

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 23, 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:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) well completion

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

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

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.) *

SEE ATTACHMENT

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

SIGNED

R. L. Wright

TITLE

Dist. Drlg. & Prod. Supt.

DATE

9/06/90

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

RECEIVED
SEP 7 11 25 AM '90
OCCASIONAL
AREA