			at the sound			
Form 3160-5 (June 1990)	DEPARTMENT	D STATES OF THE INTERIOR ND MANAGEMENT	NAN - 8 1991	FORM APPROVED Budget Bureau No. 1004-0135 Expires: March 31, 1993 5. Lease Designation and Serial No.		
Do not use this fo	NM-15433 6. If Indian, Allottee or Tribe Name					
	7. If Unit or CA, Agreement Designation					
1. Type of Well Oil Gas Well Well	8. Well Name and No.					
2. Name of Operator Pogo Produci	Federal 10 No. 1 9. API Well No.					
3. Address and Telephone No. P. O. Box 10340, Midland, Texas 79702-7340				30-015-26649 10. Field and Pool, or Exploratory Area		
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 2310' FNL & 2260' FWL of Section 10, T-23-S, R-28-E			East Loving-Delaware			
12. CHECK	APPROPRIATE BOX(s)	TO INDICATE NATURE	E OF NOTICE, REPO	Eddy County, New Mexico RT, OR OTHER DATA		
TYPE OF	SUBMISSION	TYPE OF ACTION				
Notice of	of Intent	Abandonment Recompletion		Change of Plans		
X Subsequ	ent Report	Plugging Back		Non-Routine Fracturing		
	bandonment Notice	Altering Casing Conter Set & CM	<u>8-5/8" surf. csq.</u> t.	Water Shut-Off Conversion to Injection Dispose Water (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) ag any proposed work. If well is directionally drilled,		

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MIRU Grace 404 - Spud 3:00 PM CST 3-23-91 - Drill 12-1/4" hole to 550' - set 550 8-5/8" surface csg - Float @ 516' - Western cmt'd w/275 sks "C" 65:35 w/5# salt 12.5 PPg tailed w/100 sks "C" 14.8 PPg - Plug dn 1000 PSI 11:45 CST 3-23-91 - 92 sks circ - WOC 12-1/4 hrs - Test csg 1000 PSI (ok).

14. I hereby certify that the torgeoing is true and correct					
Signed	Tide Division Opera	tions Supervisor	23/01		
(This space for Federal or State office use)		ACCEPTED	FOR RECORD		
Approved by	Title	Due	535		
Conditions of approval, if any:					
	······································				
Title 18 U.S.C. Section 1001, makes it a crime for any perso or representations as to any matter within its jurisdiction.	in knowingly and willfully to make to any departme	ent or agency of the United States any raise neuroo	NEW MEXICO		
*See Instruction on Reverse Side					