

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other	5. Lease Designation and Serial No. NM-62589
2. Name of Operator Pogo Producing Company	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. P. O. Box 10340, Midland, Texas 79702-7340	7. If Unit or CA, Agreement Designation
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 660' FNL & 510' FEL of Section 23, T-22-S, R-31-E	8. Well Name and No. Federal 23 No. 5
	9. API Well No. 30-015-26681
	10. Field and Pool, or Exploratory Area Undes. Livingston Ridge-Delaware
	11. Country or Parish, State Eddy County, NM

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other <u>Fracture treatment & Acidizing</u>
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Dispose Water

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

13. 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.)*

4-19-91: GIH w/2-7/8" tbq - EOT 6950' - D/S acidize perfs (7002-17') w/1500 gals 15% HCL NEFE - broke dn w/2000 PSI - AIR 4-1/2 BPM 825 PSI - ISIP 673 - Follow acid w/frac as follows: 10,000 gals 35# XL pad - AIR 20 BPM 814 PSI - Prop w/43160# 20/40 Ottawa followed by 6940# 20/40 CRCS in 40# linear fluid 2-1/2 to 10 PPg - AIR 20 BPM 835 PSI - ISIP 782 PSI - All pressures monitored on dead string.

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

Signed

Title

Division Operations Supervisor

Date

4/23/91

(This space for Federal or State office use)

Approved by

Title

Conditions of approval, if any:

Date

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

*See Instruction on Reverse Side