

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

RECEIVED
FEB - 7 1992

O. C. D.

WELL API NO. 30-015-26894

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No. LH-1523

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"
(FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well:
OIL WELL ☒ GAS WELL ☐ OTHER

2. Name of Operator
Pogo Producing Company

3. Address of Operator
P.O. Box 10340, Midland, TX 79702 (915) 682-6822

4. Well Location
Unit Letter P : 330' Feet From The South Line and 330' Feet From The East Line

Section 2 Township 22-S Range 31-E NMPM Eddy County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: Drilling into a shallow high pressure zone. ☒

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

This Sundry Report is in reference to drilling into a high pressure zone at a depth of 1557'. Blow out preventers were closed immediately to control the abnormal pressure. Shut in pressure reached 500 psig. The pressure was released to the pit area through chokes in 5 1/4 hrs. The well bore was loaded with 250 BBL 10. PPg brine water and drilling operations were resumed.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Richard L. Wright TITLE Division Operations Supvr. DATE 02-02-92

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

APPROVED BY Record Only TITLE DATE

CONDITIONS OF APPROVAL, IF ANY: