

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

OIL CONSERVATION DIVISION

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

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

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

WELL API NO.
30-015-26894

5. Indicate Type of Lease

STATE ☒

FEE ☐

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

7. Lease Name or Unit Agreement Name

State 2

8. Well No.
1

9. Pool name or Wildcat
Lost Tank Delaware

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 79702-7340

4. Well Location

Unit Letter P : 330 Feet From The South Line and 330 Feet From The East Line

Section 2 Township 22S Range 31E 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:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

REMEDIAL WORK ☐

ALTERING CASING ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

PULL OR ALTER CASING ☐

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

OTHER: Add Perfs ☐

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.

Set RBP @ 6950' (5/2/95). Perf 5-1/2" csg 6764'-6800' 2 spf 90° spiral phasing w/ 4" csg gun (5/3/95). Acidize perfs w/ 1000 gals 7-1/2% HCl/NeFe. Frac'd w/ 40,000# 20/40 Ottawa sand. Swab & pump test to 6/21/95. Retrieved RBP @ 6950'. Well on production w/ Delaware perfs combined 6/23/95. Perfs active 6764'-6800', 6992'-7016', 8073'-8120'.

CASE
AREA

JUL 30 12 40 PM '96

RECEIVED

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

SIGNATURE

TITLE

Sr. Operations Engineer

DATE

7/29/96

TYPE OR PRINT NAME Barrett L. Smith

(915)682-6822

TELEPHONE NO.

(This space for State Use)

APPROVED BY

TITLE

DATE

AUG 12 1996

CONDITIONS OF APPROVAL, IF ANY: