;				CISE
Form 3160-5 (June 1990) Do not use this t	DEPARTMENT BUREAU OF LA SUNDRY NOTICES AN	D STATES OF THE INTERIOR ND MANAGEMENT ID REPORTS ON WELLS or to deepen or reentry to a		FORM APPROVED Budget Bureau No. 1004-0135 Expires: March 31, 1993 5. Lease Designation and Serial No. <u>NM-12845</u> 6. If Indian, Allottee or Tribe Name
		PERMIT—" for such propos		
SUBMIT IN TRIPLICATE				7. If Unit or CA, Agreement Designation
1. Type of Well Oil Gas 2. Name of Operator Pogo Produc	ing Company	CONFI	DENTIAL	8. Well Name and No. Federal "1" #6 9. API Well No.
3. Address and Telephone	No. 340, Midland, TX 797	02-7340 (915-682-68	222)	30-015-26910 10. Field and Pool, or Exploratory Area
4. Location of Well (Foots	880' FWL, Sec. 1, T-	ption)	<i></i> ,	Lost Tank, Delaware 11. County or Parish, State Eddy Co., NM
12. CHECK	APPROPRIATE BOX(s)	TO INDICATE NATURE (	OF NOTICE, REPO	RT, OR OTHER DATA
	SUBMISSION			
XX Subseq	of Intent uent Report ubandonment Notice	Abandonment Recompletion Plugging Back Casing Repair Altering Casing VN Other Produ	uction Csg.	Change of Plans  Change of Plans  New Construction  Non-Routine Fracturing  Water Shut-Off  Conversion to Injection  Dispose Water (Note: Report results of multiple completion on Well
Drilled 7 7 5 1/2" 15.5 1st stage w 2nd stage w	/8" hole to 8520'. # & 17# csg. F.S. @ / 600 sks "C" w/ 3% / 500 sks PSL 12.4 P	KCL 14.8 PPg. Open	) hrs CST 3-22-9 '. Stage tool @ tool, circ'd 15 sks "C" Neat 14.	2. Logged w/ BPB. Ran 6206'. Western cmt'd 0 sks excess cmt. Cmt'd 8 PPg. Close tool w/
			As	
			$\mathcal{H} \stackrel{\texttt{def}}{=} \int \sqrt{\frac{1}{2}} \int \sqrt{\frac{1}{2}$	1992
14 I beenhy cartify that the	I hereby certify that the foregoing is true and correct			WMEXIC
Signed	Processing is interesting correct	Div. Oper.	Supt.	4-21-92
(This space for Federal Approved by Conditions of approval,		Title		Date
Title 18 U.S.C. Section 100 or representations as to any	<ol> <li>makes it a crime for any person know matter within its jurisdiction.</li> </ol>	ingly and willfully to make to any depar	rtment or agency of the United	States any false, fictitious or fraudulent statements
		*See Instruction on Revers	se Side	