

Submit to Appropriate
District Office
State Lease - 6 copies
Fee Lease - 5 copies

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-101
Revised 1-1-89

OIL CONSERVATION DIVISION

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

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

NOV 18 1993

API NO. (assigned by OCD on New Wells)
30-015-27092

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
VB 0142

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work:

DRILL ☐ RE-ENTER ☒ DEEPEN ☐ PLUG BACK ☐

b. Type of Well:

OIL WELL ☒ GAS WELL ☐ OTHER ☐

SINGLE ZONE ☐ MULTIPLE ZONE ☐

7. Lease Name or Unit Agreement Name

H. Buck State

2. Name of Operator

Pogo Producing Company

8. Well No.

1

3. Address of Operator

P. O. Box 10340, Midland, TX 79702

9. Pool name or Wildcat

Cedar Canyon Delaware

4. Well Location

Unit Letter J : 19802 Feet From The South Line and 1980 Feet From The East Line

Section 16 Township 24S Range 29E NMPM Eddy County

10. Proposed Depth

8000'

11. Formation

Bone Springs

12. Rotary or C.T.

Rotary

13. Elevations (Show whether DF, RT, GR, etc.)

2914' GL

14. Kind & Status Plug. Bond

Blanket

15. Drilling Contractor

Nabors

16. Approx. Date Work will start

Upon Approval

17. 7

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
12-1/4"	8-5/8"	24#	660'	425 sx	Surf
7-7/8"	5-1/2"	15.5#	8000'	1800 sx	Surf

Pogo Producing Company respectfully request your permission to re-enter the above well. We plan on deepening its original TD from 6750' to 8000'. The well bore will be logged. 5-1/2" casing will be run to desired depth and cemented to surface. Completion attempts will be made according to electric log and mud log shows.

10-1
11-26-93
RE-ENTRY

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: IF PROPOSAL IS TO DEEPEN OR PLUG BACK, GIVE DATA ON PRESENT PRODUCTIVE ZONE AND PROPOSED NEW PRODUCTIVE ZONE. GIVE BLOWOUT PREVENTER PROGRAM, IF ANY.

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

SIGNATURE Barrett Smith TITLE Senior Division Engineer DATE Nov. 8, 1993

TYPE OR PRINT NAME Barrett Smith

(915)682-6822 TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY
MIKE WILLIAMS
SUPERVISOR, DISTRICT II

APPROVED BY _____ TITLE _____ DATE NOV 18 1993

CONDITIONS OF APPROVAL, IF ANY:

APPROVAL VALID FOR 180 DAYS
PERMIT EXPIRES 5-19-94

Submit to Appropriate
District Office
State Lease - 4 copies
Fee Lease - 3 copies

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-102
Revised 1-1-89

OIL CONSERVATION DIVISION

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

NOV 18 1993

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

WELL LOCATION AND ACREAGE DEDICATION PLAT

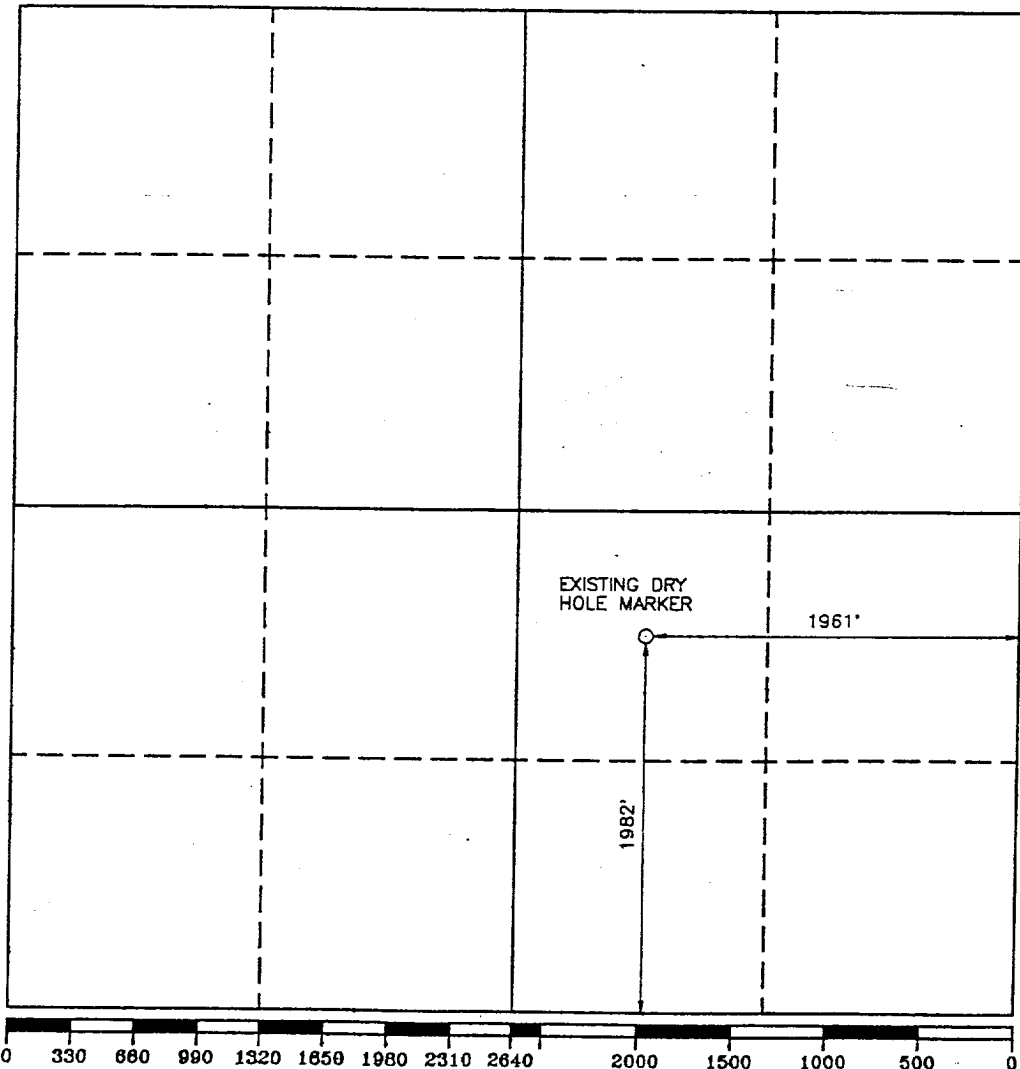
All Distances must be from the outer boundaries of the section

Operator POGO PRODUCING COMPANY		Lease H. BUCK STATE		Well No. 1	
Unit Letter J	Section 16	Township 24 SOUTH	Range 29 EAST	County EDDY	
Actual Footage Location of Well: 1982 feet from the SOUTH line and 1961 feet from the EAST line					
Ground Level Elev. 2917.8'	Producing Formation		Pool	Dedicated Acreage: Acres	

1. Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interest of all owners been consolidated by communitization, unitization, force-pooling, etc.?
☐ Yes ☐ No If answer is "yes" type of consolidation _____

If answer is "no" list of owners and tract descriptions which have actually been consolidated. (Use reverse side of this form necessary.)

No allowable will be assigned to the well unit all interests have been consolidated (by communitization, unitization, forced-pooling, otherwise) or until a non-standard unit, eliminating such interest, has been approved by the Division.



OPERATOR CERTIFICATION

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

Signature

Printed Name

Position

Company

Date

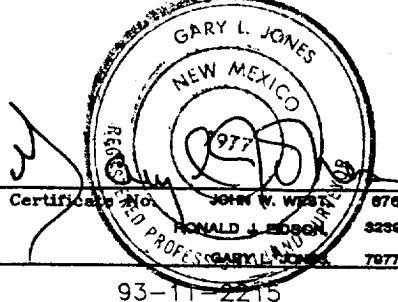
SURVEYOR CERTIFICATION

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed

NOVEMBER 8, 1993

Signature & Seal of
Professional Surveyor



93-11-2215