Submit 3 Copies to Appropriate District Office

Type of Weil:

KX

Name of Operator

Address of Operator

Unit Letter _

Section

PERFORM REMEDIAL WORK

work) SEE RULE 1103.

5/10/94

5/14/94

5/16/94

TEMPORARILY ABANDON

PULL OR ALTER CASING

OTHER:

Well Location

OIL WELL

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-10

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

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

1000 Rio Brazos Rd., Aztec, NM 87410

GAS WELL

16

Revised 1-1-89 OIL CONSERVATION DIVISION WELL API NO. P.O. Box 2088 30-015-27092 Santa Fe, New Mexico 87504-2088 5. Indicate Type of Lease STATEXX FEE State Oil & Gas Lease No. VB-0142 SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) H. Buck State OTHER 8. Well No. Pogo Producing Company 9. Pool name or Wildcat Cedar Canvon Delaware P. O. Box 10340, Midland, TX 79702-7340 1982 Feet From The South 1961 East Feet From The Line and 24S 29E Eddy Township **NMPM** County Range 10. Elevation (Show whether DF, RKB, RT, GR, etc.) Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PLUG AND ABANDON REMEDIAL WORK ALTERING CASING **CHANGE PLANS** COMMENCE DRILLING OPNS. PLUG AND ABANDONMEN CASING TEST AND CEMENT JOB OTHER: 12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed Set RBP @ 6450'. Perf 5-1/2" casing 6360'-6380' (40 - .50" dia holes)Acidize perfs 6360'-6380' with 1000 gals 7-1/2% HCl. Frac with 46,300 gals X/L gel + 30,110 # 16/30 sand. Run rods and pump. Put well on production.

| I hereby certify that the information above is true and complete to the best of my knowledge and belief. | | |
|--|---------------------------------|-------------------|
| SIONATURE Parent / Smith | TIME Senior Operations Engineer | DATE May 25, 1994 |
| TYPE OR PRINT NAME | | TELEPHONE NO. |
| (This space for State Use) | | |

TILE

SUPERVISOR, DISTRICT II

MAY 2 7 1994

APPROVED BY CONDITIONS OF APPROVAL, IF ANY: