

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

WELL API NO.
30-015-27092

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
VB-0142

7. Lease Name or Unit Agreement Name

H. Buck State

8. Well No.
1

9. Pool name or Wildcat
Cedar Canyon 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.)

RECEIVED

OCT 05 '94

O. C. D.
ARTESIA, OFFICE

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 J : 1982 Feet From The South Line and 1961 Feet From The East Line
Section 16 Township 24S Range 29E 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: ☐

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.

6/1/94 Latch onto RBP @ 6450' & reset @ 5390'. Perf 5-1/2" casing 5122' - 5204' (82 - .50" dia holes). Acidize w/ 2000 gals 7-1/2% HCl.

6/2/94 Frac w/ 51,000 gals X/L gel + 63,000# 16/30 sand.

6/21/94 Run rods & pump. Put well on production.

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

SIGNATURE [Signature] TITLE Senior Operations Engineer DATE Oct. 4, 1994

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

APPROVED BY SUPERVISOR, DISTRICT II

TITLE _____ DATE OCT 12 1994

ANY OTHERS OF APPROVAL, IF ANY: