

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

RECEIVED

MAY 23 '94

WELL API NO.

30-015-27100

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

V-3772

7. Lease Name or Unit Agreement Name

BR 15 State

8. Well No.

1

9. Pool name or Wildcat

Wildcat 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, Texas 79702-7340 915-682-6822

4. Well Location

Unit Letter L : 1650 Feet From The South Line and 660 Feet From The West Line

Section 15

Township 24 South

Range 27 East

NMPM

Eddy

County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

3197.0 GR

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: Plug Back ☒

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.

PLUG BACK - 10/16/92

Set CIBP @ 5,770'. Perf. 5-1/2" csg. 5,180'-5,264' (84-'168 holes). Acidize with 1,500 gals 15% NEFE HCL w/Pentol. Frac with 10,000 gals 35# Linear Prepad and 35,000 gals 35# X-Linked pad. Propped with 67,420# 20/40 Ottawa Sand mixed in 35# Linear Gel.

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

SIGNATURE

Richard L. Wright

TITLE

Division Operations Manager DATE Jan. 15, 1993

TYPE OR PRINT NAME

Richard L. Wright

TELEPHONE NO. 915-682-6

(This space for State Use)

SUPERVISOR, DISTRICT II

JUN 15 1994

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: