

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

MAY 23 1994

C. C. D.

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 - 10/26/92

Set CIBP @ 5,156'. Perf 5-1/2" csg. 5,096'-5,130' (34'-68 holes). Acidize with 1,500 gals 15% NEFE with Pentol. Frac with 10,000 gals 35# Linear prepad and 30,000 gals 35# X-Linked Pad. Propped with 31,880# 16/30 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

APPROVED BY _____ TITLE _____ DATE JUN 15 1994

CONDITIONS OF APPROVAL, IF ANY: