

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.

30-015-27100

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

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, TX 79702-7340

4. Well Location

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

Section 15 Township 24S Range 27E 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: Squeeze & Production Test ☒

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.

Pogo Producing Company respectfully requests permission to re-evaluate the above mentioned SI oil well with an Electrical Submersible Pump. We will squeeze the upper Delaware perfs 4361'-4412' and drill out the CIBP's set @ 5000' & 5156'. We will then produce the Delaware perfs 5096'-5130' and 5180'-5264'. Pogo will also reopen the drilling reserve pit and line same with 6 mil plastic.

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 May 19, 1994

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

SUPERVISOR, DISTRICT II

APPROVED BY

TITLE

DATE

JUN 15 1994

CONDITIONS OF APPROVAL, IF ANY: