CONFIDERING

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103

Submit 3 Copie
to Appropriate
District Office
District Cities

Revised 1-1-89

JUL

2 1996

DISTRICT I P.O. Box 1980, Hobbs, NM 88240 OIL CONSERVATION DIVISION P.O. Box 2088			WELL AP! NO.	
DISTRICT II Santa Fe, New Mexico 87504-2088 P.O. Drawer DD, Artesia, NM 88210			30-015-27100  5. Indicate Type of Lease	
DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410			6. State Oil & Gas Lease No.	V-3722
OLINIDAY NOT	050 410 050050 01145	110	VIIIIIIIIII	7777777777
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 Agreeme	ent Name
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)			BR 15 State	
1. Type of Well: OIL WELL X WELL	omex			
2. Name of Operator Pogo Producing (	Company 7 UNI O 6 4000		8. Well No.	
3. Address of Operator			9. Pool name or Wildcat	
P. O. Box 10340	25.26 22	7 × 3 × 1	West Malaga De	elaware
4. Well Location	550 Feet From The South	Line and	60 Feet From The Wes	st Line
Unit Letter :	rea from the			
Section 15	Township 245 R	ange 27E	NMPM Eddy	County
	//////	7.0 GR		
11. Check A	Appropriate Box to Indicate	Nature of Notice, R	eport, or Other Data	
NOTICE OF INT			SEQUENT REPORT	OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING	CASING
TEMPCRARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	GOPNS. PLUG AND	ABANDONMENT 🗌
PULL OR ALTER CASING		CASING TEST AND CE	EMENT JOB	
ОТНЕЯ:		OTHER: Shut-in. Start up. Put well on pump X		
12. Describe Proposed or Completed Operation work) SEE RULE 1103.	ons (Clearly state all pertinent details, a	nd give pertinent dates, inclu	ding estimated date of starting any	оторозей
5/20/95 - Shut well	I in for engineering ev	aluation		
6/26/96 - Build pro	oduction battery. Star	t well and put o	n production.	
I hereby certify that the information above is after	and complete to the best of my knowledge and		rations Engineer	6/27/96
SIGNATURE Manuel 1899	na m	TE	DATE	0/21/30
TYPE OR PRINT NAME			TELEPHON	ve no.
(This same for State 1752)	- Chathas			