Form 3160-5 (June 1990)

## JITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

FORM APPROVED Budget Bureau No. 1004-0135 Expires: March 31, 1993

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.    Use "APPLICATION FOR PERMIT-" for such proposals	erial No.				
Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.    Submit in tripe of Well   Subsequent Report   Subsequent Report   Subsequent Report   Subsequent Report   Subsequent Notice   Subsequent Notice   Subsequent Notice   Subsequent Report   Sub					
SUBMIT IN TRIPLICATE  1. Type of Well	6. If Indian, Allottee or Tribe Name				
Sil   Gas   Well   Well   Other   Sand Dunes 34 Feb	Designation				
2. Name of Operator Pogo Producing Company  3. Address and Telephone No. P. O. Box 10340, Midland, TX 79702-7340 (915)685-8100  4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  660' FNL & 660' FEL, Section 34, T23S, R31E  11. County or Parish, State  Eddy County, N  12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA  TYPE OF SUBMISSION  TYPE OF ACTION  Notice of Intent  Abandonment Recompletion New Construction New Construction New Construction Plugging Back Casing Repair Water Shut-Off Conversion to Injection					
Pogo Producing Company  3. Address and Telephone No. P. O. Box 10340, Midland, TX 79702-7340 (915)685-8100  4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  660' FNL & 660' FEL, Section 34, T23S, R31E  11. County or Parish, State  Eddy County, No.  12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA  TYPE OF SUBMISSION  TYPE OF ACTION  Notice of Intent  Abandonment Recompletion Now Construction Plugging Back Casing Repair Water Shut-Off Conversion to Injection	ed. #1				
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4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  660' FNL & 660' FEL, Section 34, T23S, R31E  11. County or Parish, State  Eddy County, Note of Intent  Notice of Intent  Abandonment  Recompletion  Recompletion  Plugging Back  Casing Repair  Water Shut-Off  Conversion to Injection	5				
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Eddy County, No. 12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA  TYPE OF SUBMISSION  Notice of Intent Abandonment Recompletion New Construction New Construction Plugging Back Non-Routine Fracturing Casing Repair Water Shut-Off Final Abandonment Notice  Altering Casing Conversion to Injection	vare				
12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA  TYPE OF SUBMISSION  Notice of Intent  Abandonment Recompletion New Construction Non-Routine Fracturing Casing Repair Water Shut-Off Altering Casing Conversion to Injection					
TYPE OF SUBMISSION  Notice of Intent  Abandonment Recompletion Plugging Back Plugging Back Casing Repair Water Shut-Off Altering Casing Conversion to Injection	NM				
Notice of Intent  Abandonment  Recompletion  Plugging Back Casing Repair  Final Abandonment Notice  Abandonment  Change of Plans  New Construction  Non-Routine Fracturing  Casing Repair  Water Shut-Off  Conversion to Injection					
Recompletion New Construction  Subsequent Report Plugging Back Non-Routine Fracturing Casing Repair Water Shut-Off  Final Abandonment Notice Altering Casing Conversion to Injection					
Subsequent Report  Plugging Back Casing Repair Water Shut-Off Altering Casing Conversion to Injection					
Casing Repair Water Shut-Off  Final Abandonment Notice Altering Casing Conversion to Injection					
Final Abandonment Notice Altering Casing Conversion to Injection					
Other Workover existing formation Dispose Water					
Other Workover existing formation Dispose Water  (Note: Report results of multiple completion or Recompletion Report an	etion on Well d Log form.)				
13. Describe Proposed or Completed Operations (Clearly state all pertinet details, and give pertinent dates, including estimated date of starting any proposed work. directionally drilled, give subsurface locations and measured and true vertical depths for all markders and zones pertinent to this work.)*	If well is				
03/04/00 Perf Delaware 7352'-58' w/ 2 SPF. TIH w/ RBP to 7602'. Test to 3000# ok. Acidize w/ 500 gals 7-1/2% HCL.					
03/05/00 Swab.					
03/07/00 Repostion RBP to 7096'. Perf Delaware 6780'-92' w/ 2 SPF.					
03/08/00 Acidize 6780'-92' w/ 500 gals 7-1/2% HCL.	00 Acidize 6780'-92' w/ 500 gals 7-1/2% HCL.				
03/09/00 Squeeze perfs 6780'-92' w/ 100 sks "C" Neat @ 14.8 ppg.	0 Squeeze perfs 6780'-92' w/ 100 sks "C" Neat @ 14.8 ppg.				
03/10/00 Drill cmt 6575'-6797'. Test squeezed perfs to 500# ok. Repositon RBP to 6500'.	Do Drill cmt 6575'-6797'. Test squeezed perfs to 500# ok. Repositon RBP to 6500'.				
03/11/00 Perf Lower Cherry Canyon 6218'-33' w/ 2 SPF. Acidize w/ 500 gals 7-1/2% HCL. Swab.	•				
03/14/00 Latch onto RBP @ 6500'. PUH & set RBP @ 4700'. Test to 3000# ok. Perf Ramsey 4390'-4414' w/ 2 SPF.					
03/15/00 Acidize 4390'-4414' w/ 1000 gals 7-1/2% HCL. RIH w/ production equipment. Return well to production.					
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14. I hereby certify that the foregoing is true and correct Signed	Title	Operation Tech	Date_03/16/00
(This space for Federal or State office use)  Approved by Conditions of approval, if any:	Title	OPIC SGD.) DAVID R. GLASS	Date
		TAR ON CO	
Title 18 U.S.C. Section 1001, makes it a crime for any person kno statements or representations as to any matter within its jurisdiction	owingly and toon.	illfully to make to any department or agency of the Unit	ed States any false, fictitious or fraudulent