| Form 3160-2 OEVED (June 1990) DEPARTME | NM OIL CONS. COM _SSION Drawer DD Artesia, NM 88210 | FORM APPROVED |
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| BUREAU OF LAND MANAGEMENT | | Budger Bureau No. 1004-0135 Expires: March 31, 1993 5. Lease Designation and Serial No. |
| HAR 19 SUNDRY NOTICES AND REPORTS ON WELLS 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 | | 0. If Indian, Allottee or Tribe Name |
| SUBMIT IN TRIPLICATE | | 7. If Unit or CA, Agreement Designation |
| Oil Gas Well Other Name of Operator | APP 2 0 1993 | 8. Well Name and No. |
| Pogo Producing Company 3. Address and Telephone No. | CANTA WALP | Federal 29 No. 8 9. API Well No. |
| P. O. BOX 10340, Midla 4. Location of Well (Footage, Sec., T., R., M., or Survey D | nd, Texas 79702 915/682-6822 | 10. Field and Pool, or Exploratory Area |
| · | Section 29, T-23-S, R-31-E | 11. County or Parish, State Eddy County, New Mexico |
| 12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPOR | | T, OR OTHER DATA |
| | | ····· |
| Subsequent Report | Abandonment Recompletion Plugging Back | Change of Plans New Construction Non-Routine Fracturing |
| Final Abandonment Notice | Casing Repair Altering Casing Other | Water Shut-Off Conversion to Injection Dispose Water |
| give subsurface locations and measured and true vertic | Periment details, and give pertiment dates, including estimated date of starting a al depths for all markers and zones periment to this work.)* '. Production testing. | in proposed work. If well is directionally drifted. |
| <u> </u> | 7 1993 | |
| 14. I hereby certify that the foregoing is true and correct Signed Line of Charles | Tide District Operations Manager | Man Inlan |
| (This space for Federal or State office use) | | Date Mar. 12/93 |
| Approved by Conditions of approval, if any: | Tide | Date |
| Tille 18 U.S.C. Section 1001, makes it a crime for any person b or representations as to any matter within its jurisdiction. | nowingly and willfully to make to any department or agency of the United Sta *See Instruction on Reverse Side | tes any false, fictitious or fraudulent statements |

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