

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

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

SUBMIT IN TRIPLICATE

CONFIDENTIAL

1. Type of Well ☒ Oil Well ☐ Gas Well ☐ Other	7. If Unit or CA, Agreement Designation
2. Name of Operator Pogo Producing Company	8. Well Name and No. Sand Dunes 34 Federal No. 4
3. Address and Telephone No. P. O. Box 10340, Midland, TX 79702-7340 (915)682-6822	9. API Well No. 30-015-27268
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 1650' FSL & 330' FEL, Sec. 34, T23S, R31E	10. Field and Pool, or Exploratory Area Ingle Well Delaware
	11. County or Parish, State Eddy

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION
☐ Notice of Intent	☐ Abandonment
☐ Subsequent Report	☐ Recompletion
☐ Final Abandonment Notice	☐ Plugging Back
	☐ Casing Repair
	☒ Altering Casing
	☒ Other Intermediate Casing
	☐ Change of Plans
	☐ New Construction
	☐ Non-Routine Fracturing
	☐ Water Shut-Off
	☐ Conversion to Injection
	☐ Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Drilled 11" hole 802' to 4253'. TD reached 0930 hrs CDT 10/27/93. Ran 95 jts 8-5/8", 24# & 32#, J-55, ST&C casing. Float shoe @ 4253'. Float collar @ 4206'. Howco cemented casing with 1500 sx Halliburton Lite + 5 pps salt + 1/4 pps Flocele @ 12.7 ppg followed by 200 sx Class "C" + 5 pps salt @ 14.8 ppg. Plug down @ 2200 hrs CDT 10/27/93. Recovered 300 sx excess cement. WOC 24 hrs. Make cut-off & weld on wellhead. NU BOP's and test casing to 1500 psi.

14. I hereby certify that the foregoing is true and correct

Signed [Signature] Title Division Operations Manager

Date Nov. 24, 1993

(This space for Federal or State office use)

Approved by _____ Title _____ Date _____
Conditions of approval, if any: