

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M.C. 3 Division
811 S. 1st
Artesia, NM 87003

FORM APPROVED
Bureau No. 1004-0135
Expires: March 31, 1993
0-2884
c/sf

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

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other	5. Lease Designation and Serial No. NM-0545035
2. Name of Operator Pogo Producing Company	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. P. O. Box 10340, Midland, TX 79702-7340 (915)685-8100	7. If Unit or CA, Agreement Designation
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 330' FSL & 1980' FWL, Section 29, T23S, R31E	8. Well Name and No. Federal 29 No. 4
	9. API Well No. 30-015-27312
	10. Field and Pool, or Exploratory Area Sand Dunes Delaware W.
	11. County or Parish, State Eddy County, NM

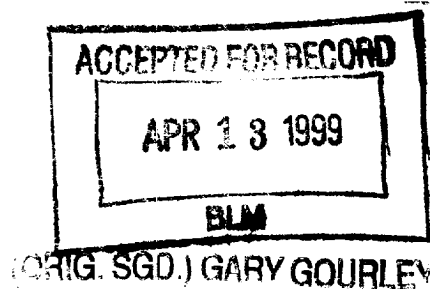
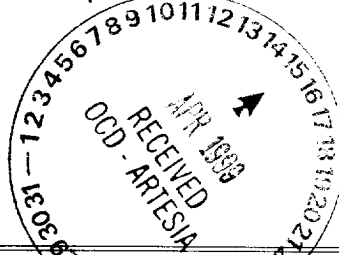
12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other Add Delaware Perfs
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> 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.)*

03/13/99 Perf Delaware 7684'-7742' (58 - 3-1/8" dia holes).
03/14/99 Set RBP @ 7800' and test to 3000#.
03/15/99 Swab test. Release RBP/
03/16/99 Perf Delaware 7446'-86' (40 - 3-1/8" dia holes). Set RBP @ 7618' & test to 3000#. Acdz w/ 1000 gals 7-1/2% HCL.
03/17/99 - 03/18/99 Swab test.
03/19/99 Frac 7446'-86' w/ 64,000# 16/30 sand.
03/26/99 Run production equipment & return well to production.



14. I hereby certify that the foregoing is true and correct
Signed Cathy Imbed Title Operations Technician Date 04/01/99
(This space for Federal or State office use)

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

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

