

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. Oil & Gas Division
811 S. 1st St
Artesia, NM 87003-2834

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

clsf

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-40659
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 & 2310' FEL, Section 28, T23S, R31E	8. Well Name and No. Pure Gold D Federal #12
	9. API Well No. 30-015-27347
	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 <u>Add Delaware Perfs</u>
	<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.)*

04/27/99 Perf Delaware 7282-94 (24 - 3-1/8" dia holes) and 7234-48 (28 - 3-1/8" dia holes). RIH w/ RBP.

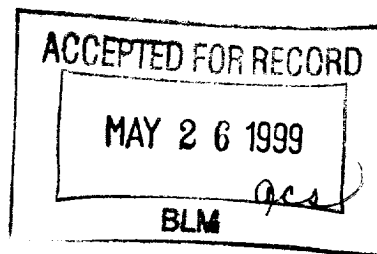
04/28/99 Set RBP @ 7393 & test to 3000#. Acdz 7234-94 w/ 1000 gals 7-1/2% HCL.

04/29/99 Swab test. Rel RBP & reposition @ 7191. Test to 3000#.

04/30/99 Perf Delaware 7060-80 (40 - 3-1/8" dia holes). Acdz w/ 1000 gals 7-1/2% HCL.

05/01/99 Frac 7060-80 w/ 168,000# 16/30 Ottawa followed by 20,000# 16/30 JLC.

05/06/99 Return well to production.



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

Signed Cathy Smith Title Operations Technician Date 05/18/99
(This space for Federal or State office use)

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