

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. Oil Cons. Division
811 S. 1st Street
Artesia, NM 88210-2834

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

1. Type of Well
☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator
Pogo Producing Company

3. Address and Telephone No.
P. O. Box 10340, Midland, TX 79702-7340 (915)682-6822

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
330' FSL & 1650' FWL, Section 24, T23S, R31E

5. Lease Designation and Serial No.

NM-40655

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Amax 24 Federal #10

9. API Well No.

30-015-27412

10. Field and Pool, or Exploratory Area

Ingle Wells Delaware

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

- ☐ Notice of Intent
☐ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

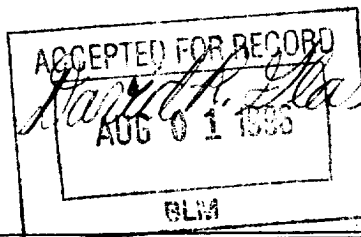
- ☐ Abandonment
☒ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☐ Other

- ☐ 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.)

1/7/95 Set CIBP @ 7300'. Perf Delaware 7015'-82' (68 - .50" dia holes)
1/10/95 Acidize Delaware w/ 2000 gals 7-1/2% HCl.
1/12/95 Frac Delaware w/ 64,020# 20/40 sand. Flow well back.
1/13/95 Swab well clean.
1/15/95 Run production equipment. Put well on production.



RECEIVED
JUL 30 12 50 PM '96
CARE AREA

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

Signed

[Signature]

Title

Senior Operations Engineer

Date

July 12, 1996

(This space for Federal or State office use)

Approved by

Title

Date

Conditions of approval, if any: