

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

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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**

<p>1. Type of Well <input checked="" type="checkbox"/> Oil Well    <input type="checkbox"/> Gas Well    <input type="checkbox"/> Other</p> <p>2. Name of Operator Pogo Producing Company</p> <p>3. Address and Telephone No. P. O. Box 10340, Midland, TX 79702-7340 (915)682-6822</p> <p>4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 330' FSL &amp; 1650' FWL, Section 24, T23S, R31E</p>	<p>5. Lease Designation and Serial No. NM-40655</p> <p>6. If Indian, Allottee or Tribe Name</p> <p>7. If Unit or CA, Agreement Designation</p> <p>8. Well Name and No. Amax 24 Federal #10</p> <p>9. API Well No. 30-015-27412</p> <p>10. Field and Pool, or Exploratory Area Ingle Wells Delaware</p> <p>11. County or Parish, State Eddy County, NM</p>
---	---

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

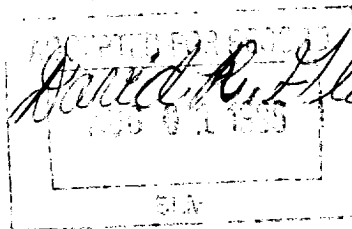
TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input checked="" type="checkbox"/> Subsequent Report	<input checked="" type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input type="checkbox"/> Other <u>Pull RBP</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.)

4/23/96 Latch onto RBP @ 6727' & POOH.

4/25/96 Run production equipment. Put well on production. RBP still set @ 6940'.



RECEIVED  
JUL 30 12 37 PM '96  
CARL AREA

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

Signed <u>David R. Glass</u>	Title <u>Senior Operations Engineer</u>	Date <u>July 12, 1996</u>
------------------------------	---	---------------------------

(This space for Federal or State office use)

Approved by \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
Conditions of approval, if any: