

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. Oil Cons. Division
JUL 8 1993
ARTESIA, NM 87003

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

5. Lease Designation and Serial No.
NM-45236

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.
Sterling Silver 33 Federal #3

9. API Well No.
30-015-27425

10. Field and Pool, or Exploratory Area
Sand Dunes Delaware

11. County or Parish, State
Eddy County, NM

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)685-8100

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

660' FNL & 660' FWL, Section 33, T23S, R31E



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 Add Delaware Pay
☐ 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.)

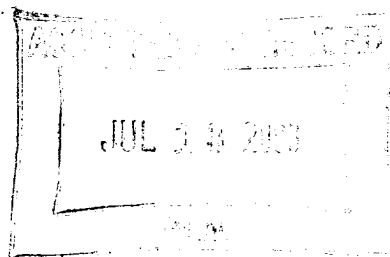
13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to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

07/07/00 Set CIBP @ 7810. Perf Delaware 6298'-6320' w/ 2 spf. Test CIBP to 3000# ok. Acdz w/ 1000 gals 7-1/2% HCL.

07/08/00 Swab.

07/09/00 Push CIBP to 8016'.

07/11/00 TIH w/ rods & pump. Put well on production.



(ORIG. SGD.) GARY GOURLEY

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

Signed Gary Gourley Title Operation Tech Date 07/11/00

(This space for Federal or State office use)

Approved by _____
Conditions of approval, if any:

Title

Date