Submit to Appropriate District Office State Lease — 6 copies Fee Lease — 5 copies

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-10 Revised 1-1-89

DISTRICT I P.O. Box 1980, Hobbs, NM 88240

P.O. Drawer DD, Artesia, NM 88210

DISTRICT II

OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088

API NO. (assigned by OCD on N	ew Wells)
20-015-2	ر نه داده
au 015-1	1771

_	$\times \nu$	<u>015</u>		177	'/	
5.	Indicate	Type of L	ease STATE	$\boxtimes$	FEE	
5.	State O	l & Gas Le	ase No.			
				V-492		

	OSTRICT III OOO Rio Brazos Rd., Aztec, NM 87410		SC MVH		6. State Oil & Gas Le	ase No. V-492
	APPLICATION FOR F	PERMIT TO DR	ILL, DEEREN, OR (	LUG BACK		
12.	. Type of Work:				7. Lease Name or Uni	t Agreement Name
b.	. Type of Well:	RE-ENTER	DEEPEN P	ŲG BACK		
	OIL GAS WELL OTHER		SINGLE ZONE	MULTIPLE ZONE	□   STATE "V"	492
2.	Name of Operator POGO PR	ODUCING COM	PANY "		8. Well No.	
3.	Address of Operator P. O. B	OX 10340,	MIDLAND, TEXAS	79702	9. Pool name or Wildo	at DCAT Morrow
4.	Well Location Unit Letter K: 198	O Feet From The	SOUTH	Line and	1350 Feet From The	WEST Line
77	Section 27	Township	24 SOUTH Range	28 EAST	nmpm E[	DY County
			10. Proposed Depth	1	11. Formation MORROW	12. Rotary or C.T. ROTARY

14. Kind & Status Plug. Bond 13. Elevations (Show whether DF, RT, GR, etc.) 15. Drilling Contractor 16. Approx. Date Work will start 2994.1' GR BLANKET TO BE SELECTED UPON APPROVAL 17. PROPOSED CASING AND CEMENT PROGRAM SIZE OF HOLE SIZE OF CASING WEIGHT PER FOOT SETTING DEPTH SACKS OF CEMENT EST. TOP 17-1/2" 13-3/8" 54.5# 600' 700 SURFACE 12-1/4" 9-5/8" 40# 2650' 1390 SURFACE 8-1/2" 23# & 26# 10,500' 1400 2500'

6-1/8"

LINER

18#

10,300'-13,000'

300

TOP OF LINER

THIS PROPOSED WELL IS A MORROW TEST.

BOP SKETCHES ARE ATTACHED.

APPROVAL OF THIS UNORTHODOX WELL LOCATION IS BEING APPLIED FOR.

Port ID-1 5-18-93 Number + API

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: IF PROPOSAL IS TO DEEPEN OR FLUG BACK, GIVE DATA ON PRESENT PRODUCTIVE ZONE AND PROPOSED NEW PRODUCTIVE ZONE, GIVE BLOWOUT PREVENTER PROGRAM, IF ANY.					
I hereby certify that the infor	I hereby certify that the information above is true and complete to the best of my knowledge and belief.				
SIGNATURE JUL	MANOL Whist	TITLE _	Division Operations Supr. May 3, 1993		
TYPE OR PRINT NAME	Richard L. Wright		915-682-6822 TELEPHONE NO.		
(This space for State Use)	ORIGINAL(SIGNED BY MIKE, WILLIAMS		MAY		
APPROVED BY	SUPERVISOR, DISTRICT IT	TITLE _	MAY 2 6 1993		
CONDITIONS OF APPROVAL, IF ANY:					
NSL 3242			APPROVATION TOR 180 DAYS 15.000 000 1/1/28/93		