

CONS. COMMISSIT TED STATES  
DEPARTMENT OF THE INTERIOR  
Bureau of Land Management  
Artesia, NM 88210

SUBMIT IN THE  
(Other instructions  
reverse side)

Form approved.  
Budget Bureau No. 1004-0135  
Expires August 31, 1985

c/sf

### SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR  
POGO PRODUCING COMPANY

3. ADDRESS OF OPERATOR  
P.O. BOX 10340, MIDLAND, TEXAS 79702

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface  
330' FNL AND 1980' FEL OF SECTION 34

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
3431.4' GR

5. LEASE DESIGNATION AND SERIAL NO.  
NM-43744

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
SAND DUNES 34 FEDERAL

9. WELL NO.  
5

10. FIELD AND POOL, OR WILDCAT  
UNDES. INGLE WELLS DELAWARE

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
SEC. 34, T. 23 S., R. 31 E.

12. COUNTY OR PARISH  
EDDY COUNTY

13. STATE  
NEW MEXICO

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	<input type="checkbox"/>	WATER SHUT-OFF	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	FRACTURE TREATMENT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	(Other)	<input type="checkbox"/>
(Other)	<input checked="" type="checkbox"/> TO CHANGE WELL LOCATION	(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	

17. 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.)\*

PROPOSAL IS TO CHANGE THE LOCATION OF THIS PROPOSED WELL  
FROM: 660' FROM NORTH LINE AND 1980' FROM EAST LINE OF SECTION 34,  
AS PROPOSED IN THE APPLICATION FOR PERMIT TO DRILL

TO: 330' FROM NORTH LINE AND 1980' FROM EAST LINE OF SECTION 34  
AS SET OUT IN ITEM 4 ABOVE.

A REVISED WELL LOCATION AND ACREAGE DEDICATION PLAT IS ATTACHED.

Post ID-1  
11-5-93  
Amend Fty.

RECEIVED  
AUG 30 8 10 AM '93  
CARTER COUNTY  
AREA HEADQUARTERS

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

SIGNED Bernie Smith TITLE Sr. OPERATIONS ENG. DATE August 27, 1993

(This space for Federal or State office use)

APPROVED BY LS/ L. J. Dutton TITLE AREA MANAGER DATE OCT 8 - 1993

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

Submit to Appropriate  
District Office  
State Lease - 4 copies  
Fee Lease - 3 copies

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-102  
Revised 1-1-89

OIL CONSERVATION DIVISION

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

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

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

WELL LOCATION AND ACREAGE DEDICATION PLAT

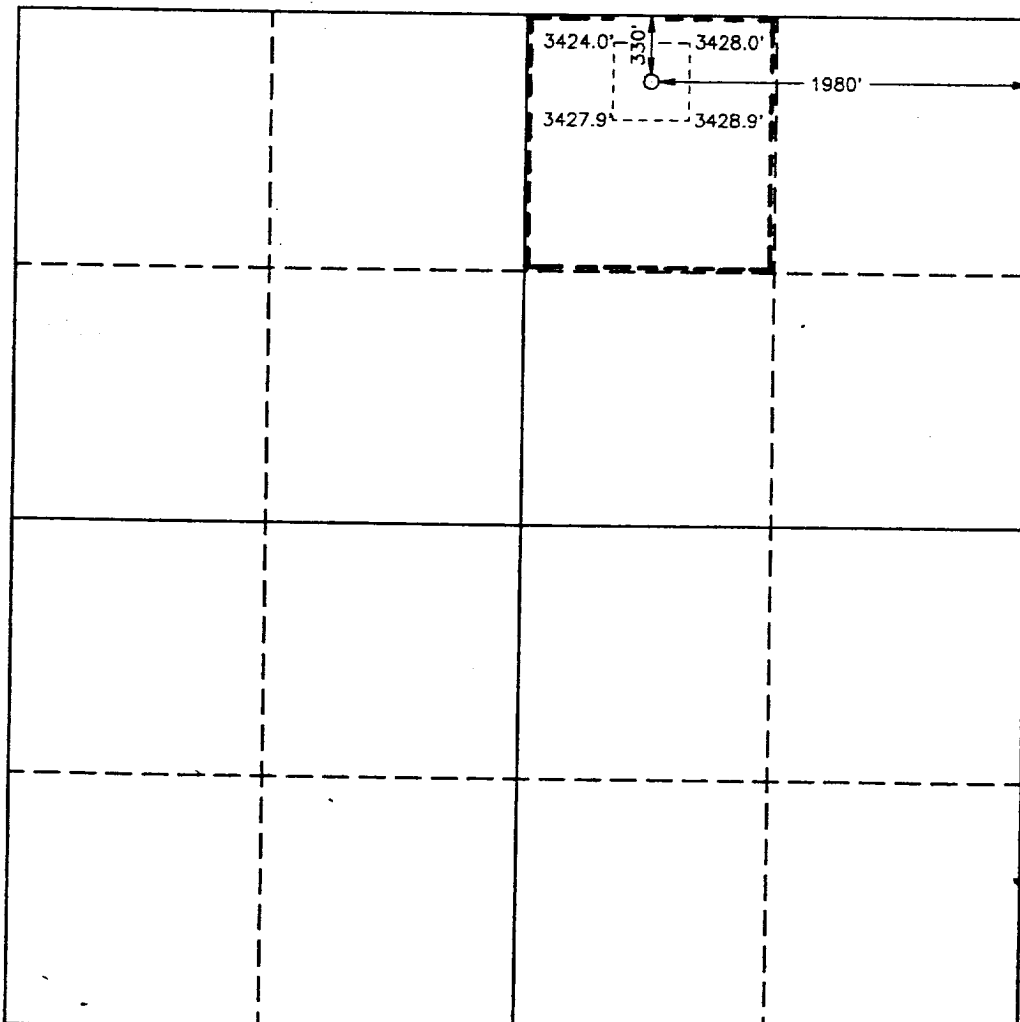
All Distances must be from the outer boundaries of the section

Operator POGO PRODUCING CO.			Lease SAND DUNES 34		Well No. 5
Unit Letter B	Section 34	Township 23 SOUTH	Range 31 EAST	County EDDY	
Actual Footage Location of Well: 330 feet from the NORTH line and 1980 feet from the EAST line					
Ground Level Elev. 3429.9'	Producing Formation DELAWARE	Pool UNDES. INGLE WELLS DELAWARE		Dedicated Acreage: 40 Acres	

1. Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interest of all owners been consolidated by communitization, unitization, force-pooling, etc.?  
☐ Yes ☐ No If answer is "yes" type of consolidation \_\_\_\_\_

If answer is "no" list of owners and tract descriptions which have actually been consolidated. (Use reverse side of this form necessary.)

No allowable will be assigned to the well unit all interests have been consolidated (by communitization, unitization, forced-pooling, otherwise) or until a non-standard unit, eliminating such interest, has been approved by the Division.



OPERATOR CERTIFICATION

I hereby certify the the information contained herein is true and complete to the best of my knowledge and belief.

Signature  
Barrett Smith

Printed Name  
Senior Oper. Eng.

Position  
Pogo Producing Company

Company  
8/25/93

Date

SURVEYOR CERTIFICATION

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed  
AUGUST 18, 1993

Signature & Seal of  
Professional Surveyor

NEW MEXICO  
7977  
REGISTERED  
GARY L. JONES, 7977  
Certified Professional Surveyor  
WEST, 676  
J. EIDSON, 3239

93-11-1563