

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
**N.M. Oil Conservation Division**  
**811 S. 1st Street**  
**Artesia, NM 88210-2834**

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

45F

**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 <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other	5. Lease Designation and Serial No. NM-81586
2. Name of Operator Pogo Producing Company	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. P. O. Box 10340, Midland, TX 79702-7340 (915)685-8100	7. If Unit or CA, Agreement Designation
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 2310' FNL & <del>660'</del> FEL, Section 22, T24S, R29E 860	8. Well Name and No. Riverbend Federal #5
	9. API Well No. 30-015-27977
	10. Field and Pool, or Exploratory Area Cedar Canyon 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	TYPE OF ACTION	
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input checked="" type="checkbox"/> Other Add pay to Delaware	<input type="checkbox"/> Dispose Water

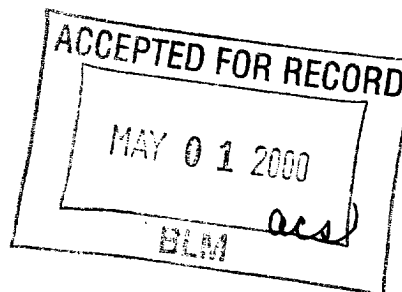
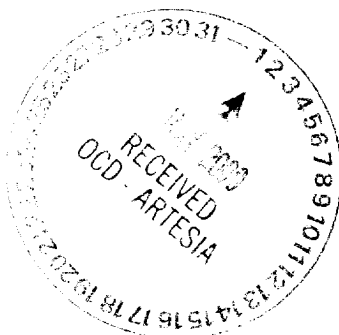
(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.)\*

03/30/00 TIH w/ RBP & set @ 5100'. Test to 2000# ok. Perf Delaware 5056'-67' (2 SPF), 4984'-5004' (2 SPF) & 4903'-4930' (1 SPF).

03/31/00 Acdz perfs 4903'-5067' (OA) w/ 1500 gals 7-1/2% HCL. Swab.

04/04/00 Release RBP @ 5100' & POOH. TIH w/ production equipment. Return well to production.



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

Signed Cathy Tombert

Title Operation Tech

Date 04/25/00

(This space for Federal or State office use)

Approved by

Conditions of approval, if any:

Title

Date

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

\*See Instruction on Reverse Side

RECEIVED

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