

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OIL CONS COMMISSION
Artesia, NM 88210
FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

RECEIVED

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

☒ 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) 682-6822

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

1980' FSL & 385' FEL, Section 35, T23S, R31E

5. Lease Designation and Serial No.

NM-19199

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Calmon No. 18

9. API Well No.

30-015-28026

10. Field and Pool, or Exploratory Area

Ingle Wells, 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

☐ Notice of Intent
☒ Subsequent Report
☐ Final Abandonment Notice

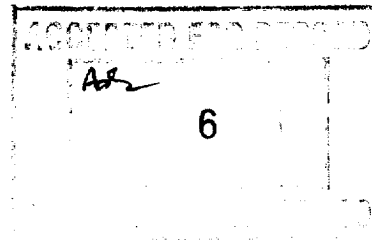
TYPE OF ACTION

☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☒ Altering Casing
☒ Other Intermediate Casing
☐ 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.)*

Drilled 11" hole to 4305'. TD reached 21:00 hrs CDT 10/5/94. Ran 86 jts 8-5/8" 32# & 24# J-55 ST&C casing. Cmt'd w/ 1400 sxs "C" Lite w/ 5 pps salt 12.6 ppg. Tailed w/ 200 sxs "C" w/ 5 pps salt 14.8 ppg. Circ'd 160 sxs excess cmt. Total WOC 24 hrs. Tested BOP's to 1500 psi.



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

Signed Richard L. Dwyer

Title Division Operations Manager

Date Nov. 28, 1994

(This space for Federal or State office use)

Approved by _____
Conditions of approval, if any:

Title _____

Date _____