

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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

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

WELL API NO.
30-015-28138

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.
VA 836

7. Lease Name or Unit Agreement Name

H. Buck State

8. Well No.
2

9. Pool name or Wildcat
Cedar Canyon Delaware

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"
(FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well:

OIL
WELL ☒

GAS
WELL ☐

OTHER

2. Name of Operator

Pogo Producing Company

3. Address of Operator

P. O. Box 10340, Midland, TX 79702-7340

4. Well Location

Unit Letter H : 1980 Feet From The North Line and 660 Feet From The East Line

Section 16

Township 24S

Range 29E

NMPM

Eddy

County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

2925.0' GR

11.

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

2/3/95 Set CIBP @ 5750'. Perf 5216'-46' (61 - .50" dia holes)

2/4/95 Acidize perfs 5216'-46' w/ 1000 gals 7-1/2% HCl.

2/5/95 Frac perfs 5216'-46' w/ 54,920# 20/40 sand.

2/8/95 Run production equipment. Put well on production.

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

SIGNATURE

Barrett L. Smith

TITLE

Senior Operations Engineer

DATE 2/28/95

TYPE OR PRINT NAME

Barrett L. Smith

(915)682-6822
TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY TIM W. GURA
DISTRICT I SUPERVISOR

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: