Submit 3 Copies to Appropriate District Office

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

Furm C-103	ΙŽ
Form C-103 Revised 1-1-89	(

DATE MAR 2 4 1997

District Office	was, minus and manua	a resources expanditions	Revised 1-1-89	
DISTRICT I P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVAT		API NO.	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mexi	co 87504-2088	5. Indicate Type of Lease	
DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410		MAR 20 1997	STATE FEE 6. State Oil & Gas Lease No.	
( DO NOT USE THIS FORM FOR PRO DIFFERENT RESER (FORM C	ICES AND REPORTS ON W DPOSALS TO DRILL OR TO DEEF RVOIR. USE "APPLICATION FOR -101) FOR SUCH PROPOSALS.)	PEN OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name	
I. Type of Well:  Oft. X WELL X WELL	OTHER		Gaines "21"	
2. Name of Operator		***	8. Well No.	
Pogo Producing Compan  3. Address of Operator	<u>y</u>		1	
P. O. Box 10340, Mid1	and TV 70702 7240		9. Pool name or Wildcat	
I. Well Location	unu, 17 /3/02-/340		Corral Draw Bone Spring	
Unit Letter 0:990	Feet From The South	Line and1650	Feet From The <u>East</u> Line	
Section 21	Township 24S		NMPM Eddy County	
	10. Elevation (Show when 2933 'GR	her DF, RKB, RT, GR, esc.)		
1. Check A	Appropriate Box to Indicat	e Nature of Notice, Re	eport, or Other Data	
NOTICE OF INT	ENTION TO:		SEQUENT REPORT OF:	
ERFORM REMEDIAL WORK	PLUG AND ABANDON	] REMEDIAL WORK	ALTERING CASING	
EMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING		
JLL OR ALTER CASING	- Thirder Billo	<b>-</b>		
	_	CASING TEST AND CEMENT JOB		
THER:		OTHER: Add Bone Spring Perfs		
<ol> <li>Describe Proposed or Completed Operation work) SEE RULE 1103.</li> </ol>	00s (Clearly state all pertinent details	, and give pertinent dates, includ	ing estimated date of starting any proposed	
2/14/96 Set RBP @ 7005'. P	erf Bone Springs 6760'-86' (52	38" dia holes).		
2/15/96 Acdz Bone Springs w	v/ 1000 gals 15% HCL. Frac w/	30,140# 20/40 sand. Flow	well back.	
2/16/96 Swab test well.				
2/17/96 Run production equip	oment Put well on numn			
2/1/// Run production equip	ment. Tut well on pump.		•	
4				
hereby certify that the information above is true a	and complete to the best of my knowledge a			
IGNATURE Hamit Some	<u> </u>	Senior Operati	ons Engineer DATE 3/18/97	
YPEORPRINT NAME Barrett L. S	mith	(91	5) 682~6822 TELEPHONE NO.	
This space for State Use DRIGINAL SIGN DISTRICT II SUI			0 4 1007	