

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.
30-015-28819

5. Indicate Type of Lease

STATE ☐

FEE ☐

6. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN A WELL IN A
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"
(FORM C-101) FOR SUCH PROPOSALS.)

RECEIVED

Lease Name or Unit Agreement Name

1. Type of Well:

OIL
WELL ☒

GAS
WELL ☐

OTHER

AUG 06 1996

Gaines 28

2. Name of Operator

Pogo Producing Company

OIL CON. DIV.

Well No.

3. Address of Operator

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

DIST. 2

9. Pool name or Wildcat

Cedar Canyon Delaware

4. Well Location

Unit Letter B : 330 Feet From The North Line and 1650 Feet From The East Line

Section 28

Township 21S 24

Range 29E

NMPM

Eddy

County

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

2925' 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.

Pogo Producing Company respectfully request that the APD for the above captioned well be amended to reflect the changes shown below. All other aspects of the APD will remain the same. TD 6500' - Lower Delaware test

Hole Size	Depth	Csg Size	Csg Wgt/Gr	Cmt	Mud
12-1/4	500'	8-5/8"	24# J	420 sxs-circ	8.4 ppg FW
6-3/4	6500'	4-1/2"	11.6# J	1200 sxs-circ	10.0 ppg BW

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

SIGNATURE Richard L. Wright TITLE Division Operations Mgr. DATE 8/5/96

TYPE OR PRINT NAME Richard L. Wright (915)682-6822 TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY TIM W. GUM
DISTRICT II SUPERVISOR

AUG 20 1996

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: