| | | | | dSt |
|---|--|--|--|--|
| Do not use this for | DEPARTMENT BUREAU OF LA SUNDRY NOTICES A m for proposals to drill | ED STATES OF THE INTERIOR AND MANAGEMENT ND REPORTS ON WEL or to deepen or reentry to PERMIT—" for such prop | 811 S. 1st Street Artesia, NM 88210 LS a different reservoir. | 6. If Indian, Allottee or Tribe Name |
| | SUBMIT I | N TRIPLICATE | | 7. If Unit or CA, Agreement Designation |
| I. Type of Well Gas Well Well | Other | υ T | | . Well Name and No. |
| 2. Name of Operator POGO Product 3. Address and Telephone No | ing Company | | NOV 2 2 1996 | Yvonne 21 Federal #1 9. API Well No. 30-015-28850 |
| P. O. BOX 10 4. Location of Well (Footage, | | ription) | <u>L-CON. DIV</u> Dist. 2 | D. Field and Pool, or Exploratory Area D Corral Draw Bone Spring 11. County or Parish, State Eddy County, NM |
| 2. CHECK A | PPROPRIATE BOX(s) | TO INDICATE NATURE | OF NOTICE, REPOR | RT, OR OTHER DATA |
| TYPE OF S | UBMISSION | | TYPE OF ACTION | · · · · · · · · · · · · · · · · · · · |
| Notice of B Subsequent Final Abar | | Abandonment Abandonment Recompletion XPlugging Back Casing Repair Altering Casing Other | | Change of Plans 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.) |
| the Bor | he Springs by | y plans, in the n setting a CIBP e Delaware: 6480 | at 7000' and d | completing the |
| | | | | 10 12 10 01 10 100 100 100 100 100 100 1 |
| 14. I hereby certify that the for Signed | egoing is true and correct | liue | ations Engineer | 11/11/96 |
| (This space for Federal or : | D.) DAVID R. GLAS | S Title PETRO | LEUM ENGINEER | Date NOV 1 9 1996 |
| Fitle 18 U.S.C. Section 1001, n or representations as to any mat | | wingly and willfully to make to any de | | States any false, fictitious or fraudulent statements |