

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

CONFIDENTIAL
OIL CONSERVATION DIV
811 S. 1st ST.
ARTESIA, NM 88210-2834
FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

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 <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other	5. Lease Designation and Serial No. NM-81586
2. Name of Operator Pogo Producing Company	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. P. O. Box 10340, Midland TX 79702-7340 915/682-6822	7. If Unit or CA, Agreement Designation
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 1650' FNL and 330' FWL of Section 22, T24S, R29E	8. Well Name and No. River Bend Federal #9
	9. API Well No. 30-015-28861
	10. Field and Pool, or Exploratory Area
	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	TYPE OF ACTION	
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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.)*

Spud & Set Surface Csg - MIRU Nabors #301. Spud @ 0700 hrs CST 03/25/96. Drilled 14-3/4" hole to 530'. TD reached 1615 hrs CST 03/25/96. Ran 12 jts 10-3/4" 40.5# J-55 ST&C csg. TPGS @ 530'. IFV @ 484'. Howco cmt'd csg w/ 310 sxs Halliburton Lite + 2% CaCl₂ + 1/4 pps Flocele @ 12.4 ppg followed by 200 sxs Cl "C" + 2% CaCl₂ @ 14.8 ppg. Plug down @ 2100 hrs CST 03/25/96. Recovered 85 sxs excess cmt. WOC 24 hrs. Make cut-off. Weld on casing head. NU BOP's & test to 500 psi.

Intermediate Csg - Drilled 9-5/8" hole 530' to 2850'. TD reached @ 0400 hrs CST 03/28/96. Ran 68 jts 7-5/8" 29.70# J-55 ST&C csg. Float shoe @ 2850'. Float collar @ 2805'. Howco cmt'd w/ 550 sxs Halliburton Lite + 5 pps salt + 1/4pps Flocele @ 12.4 ppg followed by 200 sx Cl "C" + 5 pps salt @ 14.8 ppg. Plug down @ 1215 hrs CST 03/29/96. Rec 77 sx excess cmt. WOC 14 hrs. Cmt has 500 psi compressive strength after 8 hrs. Make cut-off & weld on wellhead. NU BOP's & test csg to 1500 psi.

TD & Production Csg - Drilled 6-3/4" hole to 7900'. TD reached @ 1530 hrs CST 04/06/96. Logged well w/ Schlumberger. Ran 176 jts 4-1/2" 11.60# J-55 & N-80 LT&C csg. Float shoe @ 7900'. Float collar @ 7853'. Stage tools @ 5974' & 3994'. Howco cmt'd 1st stage w/ 310 sx Cl "H" + 5 pps Microbond + 2.4 pps KCl + .6% H322 @ 15.6 ppg. Drop plug. Float held. Drop bomb & open DV tool @ 5974'. Circulated 5 hrs between stages. Recovered 80 sxs excess cmt. Cmt 2nd stage w/ 430 sx Cl "H" + 5 pps Microbond + 2.4 pps KCl + .6% H322 @ 15.6 ppg. Drop plug & displace cmt. Drop bomb & open DV tool @ 3994'. Circulate 5 hrs between stages. Recovered 75 sx excess cmt. Cmt 3rd stage w/ 375 sx Cl "C" + 12 pps Gilsonite + 2.8 pps KCl + .3% H322 + .3% H344 @ 14.1 ppg. Plug down @ 0700 hrs CST 04/08/96. TOC @ - 1800'. ND BOP's. Set slips & make cut-off. Weld on wellhead & test to 2500 psi.

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

Signed Ramona R. Smith Title Senior Operations Engineer Date 6/27/96

(This space for Federal or State office use)

Approved by _____ Title _____ Date _____

Conditions of approval, if any: _____