

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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
☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator
Pogo Producing Company

3. Address and Telephone No.
P. O. Box 10340, Midland, TX 79702-7340 (915)682-6822

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
1650' FNL & 330' FWL, Section 22, T24S, R29E

RECEIVED

AUG 22 1996

OIL CON. DIV.
DIST. 2

5. Lease Designation and Serial No.
NM-81586

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.
River Bend Federal #9

9. API Well No.
30-015-28861

10. Field and Pool, or Exploratory Area
~~Gorham Draw~~ Delaware

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

- ☐ Notice of Intent
☒ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment
☐ Recompletion
☒ Plugging Back
☐ Casing Repair
☐ Altering Casing
☐ Other

- ☐ 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.)

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.)*

8/6/96 Set CIBP @ 6100'. Perf Delaware 5225'-62' (75 - .38" dia holes).
8/7/96 Acidize Delaware w/ 1000 gals 7-1/2% HCl.
8/8/96 Swab test well.
8/10/96 Frac perfs w/ 91,000# 16/30 sand. Flow well back.
8/11/96 Circulate well clean. Swab test.
8/12/96 Run production equipment. Put well on production.

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

Signed *Ramona Smith* Title Senior Operations Engineer Date 8/21/96

(This space for Federal or State office use)

Approved by _____ Title _____ Date _____
Conditions of approval, if any: