State of New Mexico E. Jy, Minerals and Natural Resources Departmen

Form C-103 Revised 1-1-89

DISTRICT I

OIL CONSERVATION DIVISION

CIA	CIST	
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2040 Pacheco St. Santa Fe, NM 87505					WELL API NO. 30-015-29309			
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	sIndicate Type of Lease							
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410					«State Oil & Gas Leas		1 LL (
(DO NOT USE THIS FORM FOR PROPO DIFFERENT RESERVO	ES AND REPORTS ON DSALS TO DRILL OR TO DE DIR. USE "APPLICATION FO 11) FOR SUCH PROPOSALS	EEPEN (OR PER	OR PLUG BAC	КТОА	rLease Name or Unit	Agreement Name	a pala pasa a sa a sa a sa a sa a sa a s	
Type of Well: OiL GAS WELL X WELL	OTHER							
Name of Operator V Pogo Producing Company					₀Well No. 4			
sAddress of Operator P. O. Box 10340, Midland, TX 79702	-7340				Pool name or Wildca Pierce Crossing		East	
√Well Location Unit Letter I : 2260 Fe	eet From TheSouth	h	_ Line and	330	Feet From The	East	Line	
Section 15	Township 245	S R	lange	29E	NMPM	Eddy	County	
	¹⁰ Elevation (Show when 2930' GR	ther DF, I	RKB, RT, GR, etc	:.)				
11 Check App	ropriate Box to Indica	ate Na	ture of Not	ice, Rep	oort, or Other D	ata	<u>a ya kasan kasanin kana a sas</u>	
NOTICE OF INTE	•			•	SEQUENT RE			
PERFORM REMEDIAL WORK	PLUG AND ABANDON		REMEDIAL WO	ORK		ALTERING CAS	ING	
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE D	RILLING O	PNS.	PLUG AND ANBA	ANDONMENT	
PULL OR ALTER CASING			CASING TEST	AND CEME	NT JOB			
OTHER:			OTHER: Add	d Bone Sp	orings Perfs			
12Describe Proposed or Completed Operations (6 work) SEE RULE 1103.	Clearly state all pertinent details,	, and give	pertinent dates,	including es	timated date of starting	any proposed		
05/11/99 Perf Bone Springs 6836 - 5	i0 (2838" dia holes).							
05/12/99 Set RBP @ 7016 & test to	3000#. Acdz w/ 1000 gal:	s 15% F	HCL.			THE THE PARTY OF		
05/13/99 Swab test.								
05/14/99 Frac w/ 88,000# 16/30 Otta	iwa sand.				0.	· *	and the second s	
05/15/99 Swab test.					0	Ex. 100		
05/19/99 TIH w/ pump & rods. Retur	m well to production.				•	19/50°		
						SIA		
						grand Gr		
					`*•.			
I hereby certify that the information aboye is tru	ue and complete to the best of m	y knowled	lge and belief.					
SIGNATURE COPY ON	bel		nLE Operation	ns Tech		DATE 06-02	2-99	
TYPE OR PRINT NAME Cathy Tomberlin						тецерноне но. 9	15-685-8100	
(This space for State Use)	w w sun	6	Q:	ti.t.	Syfewison			
APPROVED BY		TI	TLE		- July	DATE 6	-8-99	