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

OIL CONSERVATION DIVISION

DISTRICT II			2040 Pache Santa Fe,		7505	WELL API NO. 30-015-29309			
P.O. Drawer DD, Artesia, NM 88210						sindicate Type of Lea			
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410						sState Oil & Gas Lea	STATE	FEE	
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)						7Lease Name or Unit Agreement Name Harroun 15			
Type of Well: Oil GAS WELL WELL			OTHER A			- Harroan To			
² Name of Operator Pogo Producing Company			DE			eWell No.			
³ Address of Operator P. O. Box 10340, Midland, TX 79702-7340					OCD ARTESIA	Pool name or Wildon Pierce Crossing			
4Well Location Unit Letter i :	2260 F	eet From The	South	1	Line and 330	Feet From The	East	Line	
Section	15	Township	24	F	Range 29	NMPM	Eddy	County	
	()		on (Show whel		RKB, RT, GR, etc.)	I NIVII (V)	2 day	County	
Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data									
NOTICE OF CLERK TO SELECT						SEQUENT RE			
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK							ALTERING CASI	ING 🗔	
TEMPORARILY ABANDON CHANGE PLANS					COMMENCE DRILLING (IG OPNS. PLUG AND ANBANDONMENT			
PULL OR ALTER CASING					CASING TEST AND CEM	TEST AND CEMENT JOB			
OTHER:					OTHER: Add Delawa	Add Delaware Pay			
12Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.									
03/13/01 TOH w/ rods & tbg. Perf Delaware 5278'-5300' w/ 2 spf. Set RBP @ 5606' & test to 3000# ok.									
03/14/01 Acdz 5278'-5300' w/ 1000 gals 7-1/2% acid. Swab.									
03/16/01 Frac 5278'-5300' w/ 66,500# 16/30 Ottawa + 16,000# 16/30 SLC.									
03/20/01 TIH w/ production equipment. Put well on production.									
I hereby certify that the information above is true and complete to the best of my knowledge and belief.									
SIGNATURE (A) hy	Imb	al		TITI	E Operation Tech		DATE 03-21-	-01	
TYPE OR PRINT NAME Cathy Tomberlin						TELEPHONE NO. 915-685-8100			
(This space for State Use)									

TITLE

APPROVED BY

Sim W. Sken

District Supervisor