

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO. 30-015-29310
Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>
State Oil & Gas Lease No.
Lease Name or Unit Agreement Name Harroun 15
Well No. 5
Pool name or Wildcat Pierce Crossing Delaware, East

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.)	
Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	
Name of Operator Pogo Producing Company	
Address of Operator P. O. Box 10340, Midland, TX 79702-7340	
Well Location Unit Letter <u>B</u> : <u>330</u> Feet From The <u>North</u> Line and <u>1650</u> Feet From The <u>East</u> Line Section <u>15</u> Township <u>24S</u> Range <u>29E</u> NMPM <u>Eddy</u> County	
Elevation (Show whether DF, RKB, RT, GR, etc.) 2930' GR	

11

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ANBANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: Add Bone Springs perms ☒

Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

10/28/97 Set RBP @ 7462'. Perf Bone Springs 6818'-38' (40 - .38" dia holes).

10/29/97 Acdz w/ 1000 gals 15% HCL. Swab well.

10/30/97 Swab test.

10/31/97 Frac w/ 74,000# 16/30 sand. Flow well back.

11/01/97 Circ hole clean. Swab test well.

11/02/97 Flow test well.

11/10/97 Run production equipment. Put well on pump.

MAR 1998
RECEIVED
OCD - ARTESIA

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Barrett L. Smith TITLE Senior Operations Engineer DATE 03-20-98

TYPE OR PRINT NAME Barrett L. Smith TELEPHONE NO. (915)685-8100

(This space for State Use)

APPROVED BY Jim W. Gunn TITLE District Supervisor DATE 4/9/98

CONDITIONS OF APPROVAL, IF ANY: