State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

District Office OIL CONSERVATION DIVISION P.O. Box 1980, Hobbs, NM 88240 WELL API NO. 2040 Pacheco St. 30-015-29310 Santa Fe, NM 87505 DISTRICT II P.O. Drawer DD, Artesia, NM 88210 5Indicate Type of Lease STATE FEE DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 State Oil & Gas Lease No. 14 SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A 7Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) Harroun 15 Type of Well: WELL X OTHER WELL. eWell No. ²Name of Operator Pogo Producing Company 5 3Address of Operator Pool name or Wildcat P. O. Box 10340, Midland, TX 79702-7340 Pierce Crossing Delaware, East ₄Well Location 330 North 1650 East Unit Letter Feet From The Line and Feet From The Line 15 **24S** 29E Section Eddy Township **NMPM** County 10 Elevation (Show whether DF, RKB, RT, GR, etc.) 2930' GR Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PLUG AND ABANDON PERFORM REMEDIAL WORK REMEDIAL WORK ALTERING CASING **TEMPORARILY ABANDON CHANGE PLANS** COMMENCE DRILLING OPNS. PLUG AND ANBANDONMENT PULL OR ALTER CASING CASING TEST AND CEMENT JOB OTHER: 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. 01/17/98 Perf Delaware 5257'-78' (42 - .38" dia holes). 01/20/98 Acdz w/ 1000 gals 7-1/2% HCL. Swab test. 01/21/98 Frac w/ 82,500# 16/30 sand. Flow back well. 01/22/98 Circ hole clean. Swab well. 01/23/98 Swab test well. Latch onto RBP @ 5430' & POOH. 01/25/98 Run production equipment. Put well on pump. formation above is true and complete to the best of my knowledge and belief. TITLE Senior Operations Engineer DATE 03-20-98 SIGNATURE TYPE OR PRINT NAME Barrett L. Smith TELEPHONE NO. (915)685-8100

District Supervisor

DATE

CONDITIONS OF APPROVAL, IF ANY:

Tim W. Sum

(This space for State Use)

APPROVED BY