

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. Oil Cons. Division

311 C. 1st

63210-2834

FORM APPROVED

Budget Bureau No. 1004-0135

Expires: March 31, 1993

5. Lease Designation and Serial No.

NM-88138

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Canyon 23 Federal #1

9. API Well No.

30-015-29318

10. Field and Pool, or Exploratory Area

Pierce Crossing E., Bone

11. County or Parish, State

Spring

Eddy County, NM

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)

1750' FSL & 660' FEL, Section 23, T24S, R29E

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.)*

11/20/97 Frac Bone Springs w/ 159,000# 20/40 sand. Flow well back.

11/21/97 Flow test well.

11/26/97 Well dead. Run rods and pump. Set pumping unit. Put well on production.

ACCEPTED FOR RECORD

DEC 18 1997

act

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

Signed [Signature] Title Senior Operations Engineer

Date 12/12/97

(This space for Federal or State office use)

Approved by _____
Conditions of approval, if any:

Title _____ Date _____

2023/12/15

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