

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

CISF

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 (9150685-8100)

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

1310' FSL & 330' FWL, Section 24, T23S, R31E



5. Lease Designation and Serial No.
NM-40655

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.
Amax 24 Fed. #13

9. API Well No.
30-015-29332

10. Field and Pool, or Exploratory Area
Ingle Wells, Delaware

11. County or Parish, State
Eddy County, NM

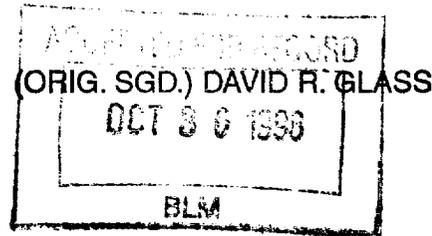
12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other Add Delaware Perfs
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> 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.)*

- 07/17/97 Set RBP @ 6496'. Perf Delaware 6094'-6112' (36 - .50" dia holes).
- 07/18/97 Acdz perfs 6094'-6112' w/ 1000 gals 7-1/2% HCL. Swab test.
- 07/19/97 Frac perfs 6094'-6112' w/ 31,500# 16/30 sand. Flow well back.
- 07/20/97 Clean out sand to RBP. Swab test.
- 07/24/97 Latch onto RBP @ 6496' & POOH. LD RBP. Run production equipment. Put well on pump.
All open Delaware zones combined.



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

Signed *David R. Glass*

Title Division Operations Engineer

Date 10/13/98

(This space for Federal or State office use)

Approved by _____
Conditions of approval, if any:

Title _____

Date _____