

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

N.M. Oil Cons. Division FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires: March 31, 1993  
811 S. 1st Street  
Artesia, NM 88210-2804 C/SF

**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*

<p>1. Type of Well  <input checked="" type="checkbox"/> Oil Well    <input type="checkbox"/> Gas Well    <input type="checkbox"/> Other</p> <p>2. Name of Operator                  Pogo Producing Company</p> <p>3. Address and Telephone No.                  P. O. Box 10340, Midland, TX 79702-7340 (915)685-8100</p> <p>4. Location of Well (Footage, Sec., T., R., M., or Survey Description)                  330' FNL &amp; 1650' FWL, Section 3, T22S, R31E</p>	<p>5. Designation and Serial No.                  NM-0417696</p> <p>6. If Indian, Allottee or Tribe Name</p> <p>7. If Unit or CA, Agreement Designation</p> <p>8. Well Name and No.                  Lost Tank 3 Federal #2</p> <p>9. API Well No.                  30-015-29682</p> <p>10. Field and Pool, or Exploratory Area                  Lost Tank Delaware West</p> <p>11. County or Parish, State                  Eddy County, NM</p>
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RECEIVED  
JUL 20 1999  
EDDY ARTESIA

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 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 <u>Pull RBP</u>
	<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.)\*

06/26/99 Latch onto RBP @ 4480 & TOH. Return well to production.  
All Delaware zones combined.

ACCEPTED FOR RECORD  
JUL 20 1999  
acs

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

Signed *Cathy Embel* Title Operations Tech Date 07/15/99

(This space for Federal or State office use)

Approved by \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
Conditions of approval, if any:

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.