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(June 1990) DEPARTME BUREAU OF	ITED STATES NT OF THE INTERIOR LAND MANAGEMENT	CEIVED	Budget Bureau No. 1004-0135 Expires: March 31, 1993  5. Lease Designation and Serial No.
Do not use this form for proposals to drill or to deepen or reenting a Additional reservoir.  Use "APPLICATION FOR PERMIT—" for such proposals			NM-0417696 6. If Indian, Allottee or Tribe Name
SUBMIT IN TRIPLICATE DE CONTENTE DE CONTEN			7. If Unit or CA, Agreement Designation
1. Type of Well  Oil  Well  Well  Other		Alle o o care	8. Well Name and No.
2. Name of Operator Pogo Producing Company	<b>4</b> 8 6.5	500 20 1897	Lost Tank 4 Federal #5
3. Address and Telephone No. P. O. Box 10340, Midland, TX	79702-7340 (915)682	- 6822 → W	30-015-29732  10. Field and Pool, or Exploratory Area
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  1650' FNL & 2310' FWL, Section 4, T22S, R31E			Lost Tank Delaware, Wes 11. County or Parish, State Eddy County, NM
12. CHECK APPROPRIATE BOX	s) TO INDICATE NATURE (	OF NOTICE, REPOR	- ·
TYPE OF SUBMISSION		TYPE OF ACTION	I, ON OTHER BATA
Notice of Intent	Abandonment ·		XX Change of Plans
Subsequent Report	Recompletion Plugging Back		New Construction Non-Routine Fracturing
Final Abandonment Notice	Casing Repair Altering Casing Other		Water Shut-Off Conversion to Injection Dispose Water (Note: Report results of multiple completion on Well
Pogo Producing Company wishes to captioned well. This alteration was a planning stages of this well. All othe instead of East. This was a 90° turn	report an alteration in the column to a high voltage powerler aspects of the APD will re	onstruction of the location in that was not in e	cation for the above xistence during the early catwalk now faces North pad construction.
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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.

Title

(This space for Federal or State office use)

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

Division Operations Manager

Date