Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

DISTRICT I

OIL CONSERVATION DIVISION

6/5/
4/

Form C-103 Revised 1-1-89

P.O. Box 1980, Hobbs, NM 88240	2040 Pacheco St.	2040 Pacheco St. Santa Fe, NM 87505		WELL API NO. 30-015-29987			
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	37505	sIndicate Type of Lea	300				
			sincidate type of Lea	STATE FEE	_		
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			sState Oil & Gas Lea	se No.			
SUNDRY NOT CE	S AND REPORTS ON WEL	116	Section 1995 and 199	Activity with the section of the sec			
(DO NOT USE THIS FORM FOR PROPO	SALS TO DRILL OR TO DEEPEN IR. USE "APPLICATION FOR PE	LOR PLUG BACK TO A	7Lease Name or Unit	Agreement Name			
(FORM C-101	RMIT"	Harroun 15					
Type of Well: OIL GAS			Tianoun 15				
WELL WELL WELL 2Name of Operator	Mail No						
Pogo Producing Company			₃Well No. 7				
³ Address of Operator P. O. Box 10340, Midland, TX 79702-	∍Pool name or Wildcat Pierce Crossing Delaware, E.						
4Well Location	7010	····	Pierce Crossing	Delaware, E.			
Unit Letter <u>C</u> : <u>330</u> Fee	t From The North	Line and 1980	Feet From The	West Line			
Section 15		Range 29E	NMPM	Eddy County			
	¹⁰ Elevation (Show whether DF, 2939' GR	RKB, RT, GR, etc.)		3			
11 Check Appro	priate Box to Indicate Na	ature of Notice Ren	ort or Other D	o esta serio da serio.	در		
NOTICE OF INTE	EQUENT RE						
PERFORM REMEDIAL WORK							
TEMPORARILY ABANDON	REMEDIAL WORK		ALTERING CASING				
PULL OR ALTER CASING	COMMENCE DRILLING OP CASING TEST AND CEMEN	لسسا	PLUG AND ANBANDONMENT	<u></u>			
L	NT JOB						
OTHER:		OTHER:					
¹² Describe Proposed or Completed Operations (Clework) SEE RULE 1103.	arly state all pertinent details, and give	pertinent dates, including estir	mated date of starting a	any proposed			
03/10/98 Run CBL. TOC @ 1650'. Pe	rf Bone Springs 6830'-46' (32 -	.38" dia holes).					
03/11/98 Acdz w/ 1000 gals 15% HCL. Swab test.							
03/12/98 Swab test.							
03/13/98 Set CIBP @ 6800'.							
		1					
		*					
I hereby certify that the imformation above is true ar	id complete to the best of my knowledg	ge and belief.					
SIGNATURE Camed Sin	TITL	E Division Operations E	Engineer	DATE 07-22-98			
TYPE OR PRINT NAME Barrett L. Smith			т	ELEPHONE NO. 915-685-8100			
(This space for State Use)					=		
APPROVED BY Sim W?	Gum BGA TITLE	. Nistrict S	expervisor	DATE 7-24-98			
2015				_ DATE _/			

CONDITIONS OF APPROVAL, IF ANY: