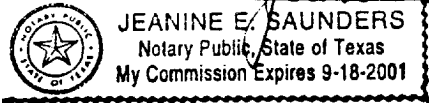


INCLINATION REPORT	
1. FIELD NAME	2. DISEASE NAME
	Harroun 15- #7
3. OPERATOR	
Pogo Producing Company	CONFIDENTIAL
4. ADDRESS	
P.O. Box 10340, Midland, tx. 79702	
5. LOCATION (Section, Block, and Survey)	
Sec.15, T-24-S, R-29-E, Eddy, N.M.	

[illegible]

 Signature of Authorized Representative L.V. Bohannon, Drilling Superintendent		 Signature of Authorized Representative	
Name of Person and Title (type or print) Lakota Drilling Company		Name of Person and Title (type or print)	
Name of Company		Name of Company	
Telephone 915-570-5560		Telephone	
Area Code		Area Code	

Date 3/2/98





LTR



Job separation sheet

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO.
30-015-29987

Indicate Type of Lease
STATE ☐ FEE ☐

State Oil & Gas Lease No.

Lease Name or Unit Agreement Name
Harroun 15

Well No.
7

Pool name or Wildcat
Pierce Crossing Delaware, E.

Unit Letter C : 330 Feet From The North Line and 1980 Feet From The West Line
Section 15 Township 24S Range 29E NMPM Eddy County

Elevation (Show whether DF, RKB, RT, GR, etc.)
2939' GR

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"
(FORM C-101) FOR SUCH PROPOSALS.)

Type of Well:

OIL WELL ☒ GAS WELL ☐

OTHER

CONFIDENTIAL

Name of Operator
Pogo Producing Company

Address of Operator
P. O. Box 10340, Midland, TX 79702-7340

Well Location

Unit Letter C : 330 Feet From The North Line and 1980 Feet From The West Line

Section 15 Township 24S Range 29E NMPM Eddy County

Elevation (Show whether DF, RKB, RT, GR, etc.)
2939' GR

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ANBANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: ☐

Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

07/02/98 Latch onto RBP @ 6000' & reset @ 5563'. Perf Delaware 5250'-68' (36 - .38" dia holes). Acdz w/ 1000 gals 7-1/2% HCL. Swab back load.

07/03/98 Frac perfs 5250'-68' w/ 72,000# 16/30 sand. Flow well back.

07/04/98 Circ clean. Swab test.

07/07/98 Latch onto RBP @ 5563' & POOH.

07/08/98 Run production equipment. Put well on pump.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Barrett L. Smith TITLE Division Operations Engineer DATE 07-22-98

TYPE OR PRINT NAME Barrett L. Smith

TELEPHONE NO. 915-685-8100

(This space for State Use)

APPROVED BY Jim W. Smith TITLE District Supervisor DATE 7-24-98

CONDITIONS OF APPROVAL, IF ANY: