Submit 3 Copies to Appropriate District Office

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-103
Revised 1-1-89

WELL API NO.
30-015-27698

5. Indicate Type of Lease STATE [XX] FEE [ ]

6. State Oil & Gas Lease No.
V-3866

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.)

7. Lease Name or Unit Agreement Name
Cottonwood 2 State

1. Type of Well:
OIL WELL [XX] GAS WELL [ ] OTHER

2. Name of Operator
Pogo Producing Company

DEC 11 '96
O. C. D.
ARTESIA, OFFICE

8. Well No.
1

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

9. Pool name or Wildcat
Undes. Delaware

4. Well Location
Unit Letter B : 660 Feet From The North Line and 1980 Feet From The East Line

Section 2 Township 26S Range 26E NMPM Eddy County

10. Elevation (*Show whether DF, RKB, RT, GR, etc.*)
3370.4' GR

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

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	[ ]	PLUG AND ABANDON	[ ]	REMEDIAL WORK	[ ]	ALTERING CASING	[ ]
TEMPORARILY ABANDON	[ ]	CHANGE PLANS	[ ]	COMMENCE DRILLING OPNS.	[ ]	PLUG AND ABANDONMENT	[ ]
PULL OR ALTER CASING	[ ]			CASING TEST AND CEMENT JOB	[ ]		
OTHER:	[ ]			OTHER:			[ ]

12. 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.

12/29/93 Latch onto RBP @ 5249' & POOH.
12/30/93 Run production eqpt. Put well on test.
1/8/94 POOH w/ production eqpt. Set CIBP @ 3300'. Perf Delaware 3070'-3110' (80 - .50" dia holes).
1/9/94 Acdz w/ 1000 gals 15% HCL. Swab test well.
1/12/94 Perf Delaware 2048'-60' (24 - .50" dia holes). Acdz w/ 250 gals 15% HCL. Swab test well.

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

SIGNATURE [signature] TITLE Sr. Operations Engineer DATE 12/9/96

TYPE OR PRINT NAME Barrett L. Smith (915)682-6822 TELEPHONE NO.

This space for State Use

APPROVED BY [illegible] TITLE [illegible] DATE DEC 13 1996

CONDITIONS OF APPROVAL, IF ANY: