

UNITED STATES **Artesia, NM 88210**, LEASE  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

|  |                         |
|--|-------------------------|
| NM - 13413-A   |                         |
| 6. IF INDIAN, ALLOTTEE OR TRIBE NAME                                       |                         |
| 7. UNIT AGREEMENT NAME   |                         |
| 8. FARM OR LEASE NAME<br>Sam Federal                                       |                         |
| 9. WELL NO.<br>2   |                         |
| 10. FIELD OR WILDCAT NAME<br>Wildcat                                       |                         |
| 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA<br>Sec 26, T-25-S, R-28-E |                         |
| 12. COUNTY OR PARISH<br>Eddy   | 13. STATE<br>New Mexico |
| 14. API NO.  |                         |
| 15. ELEVATIONS (SHOW DF, KDB, AND WD)<br>2934.2' GR 2955 KDB               |                         |

**SUNDRY NOTICES AND REPORTS ON WELLS**  
(Do not use this form for proposals to drill or to deepen or to rework a different reservoir. Use Form 9-331-C for such proposals.)

**RECEIVED**  
**FEB 08 1983**

1. oil well  gas well  other \_\_\_\_\_

2. NAME OF OPERATOR  
Pogo Producing Company ✓ **O. C. D.**

3. ADDRESS OF OPERATOR  
ARTESIA, OFFICE  
P.O. Box 10340 Midland, Texas 79702

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 1980' FNL & 1980' FEL  
AT TOP PROD. INTERVAL:  
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

|   |                          |
|---|--------------------------|
| REQUEST FOR APPROVAL TO:                      | SUBSEQUENT REPORT OF:    |
| TEST WATER SHUT-OFF <input type="checkbox"/>  | <input type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/>       | <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/>     | <input type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/>          | <input type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/> | <input type="checkbox"/> |
| MULTIPLE COMPLETE <input type="checkbox"/>    | <input type="checkbox"/> |
| CHANGE ZONES <input type="checkbox"/>         | <input type="checkbox"/> |
| ABANDON* <input type="checkbox"/>             | <input type="checkbox"/> |
| (other) <u>Run and cement 9 5/8" csg.</u>     |                          |

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

17. 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.)\*

1/23/83 - TD 9630'. Drl 12 1/4" hole to 9630' and run open-hole logs.  
 1/24/83 - TD 9690'. Finish running open hole logs and RIH and start drlg.  
 1/25/83 - TD 9765'. TD 12 1/4" hole at 9765'. Prep to run 9 5/8" csg.  
 1/26/83 - TD 9765'. Run 9 5/8" csg: 53 jts 43.5# S-95 LT&C Rg 3 (2181.65'), 52 jts 40# S-95 LT&C Rg 3 (2264.84'), 120 jts 40# N-80 LT&C Rg 3 (5238.36'), 2 jts 40# S-95 LT&C Rg 3 (82.56'), FS (1.92'), FC (1.52'), and DV tool (3.22'). (Total string 9774.07') FS is at 9765', FC at 9719', and DV tool at 5004'. Centralizers are on the 1,3,5,7 and 9th jts. Also centralized 1 jt above and 1 jt below DV tool. A casing basket is also 1 jt below DV tool. Cemented first stage as follows: 1070 sx TLW w/0.75% CFR-2 and 1/4# Flocele/sx. plus 300 sx Cl H with 0.5% CFR-2 and 3# KCL/sx. CIP at 2 pm MST 1/25/83. Open DV tool & circ. Cement 2nd stage with 1130 sx 50-50 POZ with 2% gel, 0.5% CFR-2 and 6# salt/sx plus 100 sx Cl H CIP at 8 pm MST 1/25/83 WOC 9 hrs. SEE ATTACHED SHEET

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED James R. Henry TITLE Division Engineer DATE \_\_\_\_\_

ACCEPTED FOR RECORD (This space for Federal or State office use)

(ORIG. SGD.) **DAVID R. GLASS**

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

**RECEIVED**  
**FEB 04 1983**

MINERALS MANAGEMENT SERVICE  
ROSWELL, NEW MEXICO

\*See Instructions on Reverse Side

**RECEIVED**  
**FEB 2 1983**

OIL & GAS  
MINERALS MANAGEMENT SERVICE  
ROSWELL, NEW MEXICO