Form 3160-5 (June 1990)	UNITED ST DEPARTMENT OF T BUREAU OF LAND	THE INTERIOR		FORM APPROVED Budget Bureau No. 1004-0135 Expires: March 31, 1993 5. Lease Designation and Serial No.
Do not use this form	NDRY NOTICES AND F for proposals to drill or to APPLICATION FOR PERM	deepen or reentry to a d		NM-69369 6. If Indian, Allottee or Tribe Name
	7. If Unit or CA, Agreement Designation			
1. Type of Well Oil Well Well	Other			8. Well Name and No.
2. Name of Operator Pogo Producing	Company	CONFIDEN	TIAL	Sundance 1 Federal No. 2 9. API Well No.
 Address and Telephone No. P. O. Box 1034(4. Location of Well (Footage, Sec 	30-015-27227 10. Field and Pool, or Exploratory Area Mesa Verde - Del			
330' FNL and 99	90' FWL, Section 1,	T-24-S, R-31-E	an an Chairte an Anna Anna Anna Anna Anna Anna	11. County or Parish, State Eddy County, New Mexico
12. CHECK APP	ROPRIATE BOX(s) TO I	NDICATE NATURE OF	NOTICE, REPOR	T, OR OTHER DATA
TYPE OF SUBN	AISSION		TYPE OF ACTION	
Notice of Intent		Abandonment Recompletion		Change of Plans
XX Subsequent Rep	ort	Plugging Back Casing Repair		Non-Routine Fracturing
Final Abandonn	nent Notice	Altering Casing Other		Conversion to Injection Dispose Water (Note: Report results of multiple completion on Well

13. 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.)*

MIRU Nabors 301. Spud well @ 13:00 hrs CDT 5/14/96. Drilled 17-1/2" hole to 583'. TD reached @ 11:00 hrs CDT 5/15/96. Ran 13 jts 13-3/8" 54.5# J-55 ST&C casing. Cmt'd w/500 sxs "C" Lite w/2% CaCl₂, 12.4 ppg. Tailed w/200 sxs "C" w/2% CaCl₂ 14.8 ppg. Plug down @ 16:00 hrs CDT 5/15/96. Recovered 200 sxs excess cmt. Total WOC 24 hrs. Test BOP's to 1000#.

I hereby certify that the foregoing is the and correct	Title	Senior Operations Engineer	Date 6/21/96
This space for Federal or State office use)			
Approved by	Title		Date

or representations as to any matter within its jurisdiction.

CIST

Completion or Recompletion Report and Log form.)