

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NEW MEXICO
DEPT. OF LAND
INTERIOR

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

5. Lease Designation and Serial No.

NM-63757

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Lotos Federal #3

9. API Well No.

N. A.

10. Field and Pool, or Exploratory Area

Delaware Wildcat

11. County or Parish, State

Eddy County, NM

SUBMIT IN TRIPLICATE

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

Pogo Producing Company

3. Address and Telephone No.

P. O. Box 10340, Midland, TX 79702-7340 (915)682-6822

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

660' FNL & 600' FWL, Sec. 9, T24S, R31E

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☒ Notice of Intent
☐ Subsequent Report
☐ Final Abandonment Notice

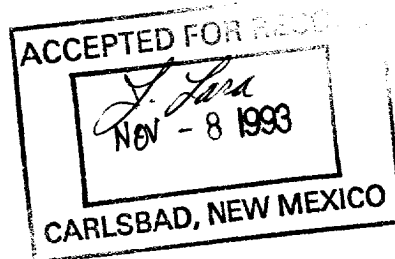
TYPE OF ACTION

- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☒ Altering Casing
☒ Other Change Operator
☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.)*

Effective October 15, 1993, Pogo Producing Company will replace Bettis, Boyle & Stovall as Operator of this lease. Attached is our "Statement Accepting Responsibility For Operation" for this well.



Tested ID 3
11-5-93
C. J. P.

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

Signed

Richard L. Wright

Title

Division Operations Manager

Date

10-12-93

(This space for Federal or State office use)

Approved by

Title

Date

Conditions of approval, if any: