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

WELL API NO. 30-015-27398

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

6. State Oil & Gas Lease No. LH-2460

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: Pogo 36 State

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

2. Name of Operator: Southwest Royalties, Inc

8. Well No. 1

3. Address of Operator: P.O. Box 11390, Midland, Texas 79702

9. Pool name or Wildcat: Undesignated Delaware

4. Well Location
Unit Letter L : 2310 Feet From The South Line and 330 Feet From The West Line

Section 36 Township 25 South Range 29 East NMPM Eddy County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3037.5' 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 [X]	
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.

4-30-93: Spudded 8:30 a.m.

5-01-93: Ran 563' of 13-3/8" 54.50# casing. Cemented w/395 sx Class "C" + 4% gel + 2% CC + 1/4 PPS celloseal; tailed w/200 sx Class "C" + 2% CC. Circulated 101 sx.

Waited on cement 12 hours. Tested casing to 600#.

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

SIGNATURE [signature] TITLE Regulatory Agent DATE 5-5-93

TYPE OR PRINT NAME Ann E. Ritchie (915) 686-9927 TELEPHONE NO 684-6381

(This space for State Use) ORIGINAL SIGNED BY MIKE WILLIAMS SUPERVISOR DISTRICT II

APPROVED BY TITLE DATE MAY 14 1993

CONDITIONS OF APPROVAL, IF ANY: