

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

2040 Pacheco St.
Santa Fe, NM 87505

C/SF
C/OP

WELL API NO. 30015 27398
Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
State Oil & Gas Lease No. LH 2460
Lease Name or Unit Agreement Name POGO 36 STATE
Well No. 1
Pool name or Wildcat N. BRUSHY DRAW DELAWARE

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.)	
Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER SWD WELL	
Name of Operator SOUTHWEST ROYALTIES, INC. ATTN: BEVERLY HATFIELD	
Address of Operator P. O. BOX 11390; MIDLAND, TX 79702	
Well Location Unit Letter <u>XL</u> : <u>330</u> Feet From The <u>WEST</u> Line and <u>2310</u> Feet From The <u>SOUTH</u> Line <u>36</u> Section <u>25S</u> Township <u>29E</u> Range <u>NMPM</u> <u>EDDY</u> County	
Elevation (Show whether DF, RK3, RT, GR, etc.) 307.5 GR	

11

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

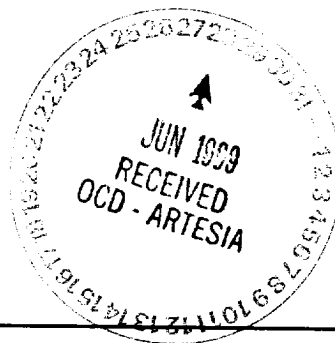
SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ANBANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: REPAIR TUBING LEAK ☒

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.

6-17-99 RU WELL SERVICE. TOH & LOCATE TBG LEAKS. REPLACE BAD JOINTS. RE-RAN TBG. SET PKR. LOADED CSG/TBG ANNULUS W/PKR FLUID.

6-18-99 PRESSURE TEST CSG/TBG ANNULUS TO 420 PSIG. HELD OK FOR 30 MINUTES. SEE ATTACHED CHART.



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

SIGNATURE [Signature] TITLE AREA SUPERVISOR DATE 06-25-99

TYPE OR PRINT NAME MARTY BLOODWORTH TELEPHONE NO. 915 686-9927

(This space for State Use)

APPROVED BY [Signature] TITLE Field Rep. II DATE 7/2/99

CONDITIONS OF APPROVAL, IF ANY:

