

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.

30-015-27399

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

LH 2460

7. Lease Name or Unit Agreement Name

Pogo 36 State

8. Well No.

2

9. 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.)

1. Type of Well:

OIL
WELL ☒

GAS
WELL ☐

OTHER ☐

2. Name of Operator

Southwest Royalties, Inc.

3. Address of Operator

P. O. Box 11390; Midland, Texas 79702

4. Well Location

Unit Letter M : 330 Feet From The South Line and 330 Feet From The West Line

Section 36 Township 25-S Range 29-# NMPM Eddy County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

3034.9' 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 ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: Add perfs, acidize & frac., Run Prod Equip. Put on production. ☐

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.

12-15-95 RU Computalog WL; RIH w/5-1/2" CIBP set BP @ 5350'; capped w/25 sx cmt; ran 5-1/2" CIBP @ 3450'; perf w/4" csg gun, 3262-3284' (23 holes); RD WL. Acidized 3262-3284' w/200 gals 7-1/2% NEFE HCL using 40 7/8" 1.3 sp gr BS. RU BJ and frac'd 3262-3284' w/12,000 gals Viking 30 frac fluid + 18,000# 16/30 sd.

12-21-95 Run in hole with production equipment.

12-23-95 Put well on production.

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

SIGNATURE Matthew Doffer TITLE Engineer/Area Supervisor DATE 12-27-95

TYPE OR PRINT NAME _____ TELEPHONE NO. _____

(This space for State Use)

ORIGINAL SIGNED BY TIM W. GUM
DISTRICT II SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

JAN - 8 1996