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 Office						
DISTRICT I P.O. Box 1980, Hobbs, NM 88240		OIL CONSERVATION DIVISION P.O. Box 2088		WELL API NO.		
				30-015-27790		
DISTRICT II P.O. Drawer DD, Artesia, NM 88210		Santa Fe, New Mex	uco 8/504-2088	5. Indicate Type of Lease	ATEXX FEE	
DISTRICT III 1000 Rio Brazos Rd., Az	tec, NM 87410			6. State Oil & Gas Lease N V-2785		
(DO NOT USE THIS	FORM FOR PROP FERENT RESERV	ES AND REPORTS ON OSALS TO DRILL OR TO DEE OIR. USE "APPLICATION FOR DI) FOR SUCH PROPOSALS.)	EPEN OR PLUG BACK TO A R PERMIT	7. Lease Name or Unit Agr	eement Name	
1. Type of Well: OIL WELL XX	GAS WELL	OTHER		- 23 State		
2. Name of Operator		OTHER		8. Well No.		
Pogo Produci	ng Company		RECEI	1 71 2		
3. Address of Operator			RCO.	9. Pool name or Wildcat		
	1340, Midlan	d, TX 79702-7340		Wildcat Bone	Springs	
4. Well Location Unit Letter	D : 660	_ Feet From TheNorth	Line and MAY60	3.'94 Feet From The	West Line	
2	12	250	275 (: 0. 		
Section 2	:3 []]]]]]]]]]	Township 25S 10. Elevation (Show wh 3057.7' GR	Range 27E sether DF, RKB, RT, GR, Etc.)	NUTPHICE Edd	S County	
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II. NOT	•	ppropriate Box to Indic ENTION TO:		SEQUENT REPO	RT OF:	
PERFORM REMEDIAL	WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTER	ING CASING	
EMPORARILY ABAND	ON	CHANGE PLANS	COMMENCE DRILLIN	G OPNS. D PLUG	AND ABANDONMENT 🔀	
PULL OR ALTER CASING			CASING TEST AND C	CASING TEST AND CEMENT JOB		
OTHER:			OTHER:			
12. Describe Proposed or work) SEE RULE 11		ons (Clearly state all pertinent deta	ails, and give pertinent dates, incl	uding estimated date of starting	any proposed	
5/16/94 Se wi	t CIBP @ 41 th 42 joint	00'. Cap with 35' s 5-1/2" casing.	of cement. Cut of	f casing @ 1910'.	РООН	
72	17/94 Spot cement plugs from 2183'-1800' (65 sx), 500'-400' (25 sx) and 72' - surface (10 sx). Cut off wellhead 4' below surface. Weld on dry hole marker. Cut off deadmen below surface and cover cellar.					
We	11 P&A'd pe	r directions from R	ay Smith with OCD.		3-29-96 PXA	
I hereby certify that the inf	ormation above is true	ind complete to the best of my knowled		tions Engineer	May 22 1004	
SIGNATURE	mu S	ma	me Senior opera	tions Engineer DA		
TYPE OR PRINT NAME				TEL	EPHONE NO.	
(This space for State Use)	_			,		
AITROVED BY Miles	Swelfield		_ TILE Field Rep. I	DA	TU 12-96	

CONDITIONS OF APPROVAL, IF ANY: