

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. Oil Cons. [sion
811 S. 1st Street
Artesia, NM 88210-2834

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

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

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

2310' FNL & 330' FEL, Section 1, T24S, R31E

5. Lease Designation and Serial No.

NM-69369

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Sundance 1 Federal #3

9. API Well No.

30-015-28120

10. Field and Pool, or Exploratory Area

Mesa Verde Delaware

11. County or Parish, State

Eddy County, NM

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

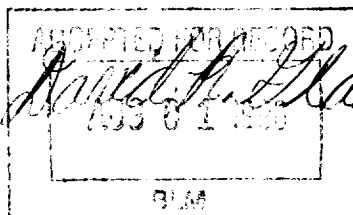
☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☒ Other Add Perfs

☐ 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.)

Set RBP @ 8000'. Load & test ok. Perf'd 5-1/2" csg (10/30/95) 7731' to 7738' 2 spf 15 holes. Acidize w/ 700 gals 7-1/2% HCl NeFe. Frac'd w/ 24,060#'s TLC sand.



RECEIVED
JUL 30 12 51 PM '96
CAB
AND

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

Signed Robert L. Dyer

Title Division Operations Manager

Date 7/29/96

(This space for Federal or State office use)

Approved by _____
Conditions of approval, if any:

Title _____

Date _____