

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

TM OIL CONS COM
Drawer DD
Artesia, NM 88210

CISF

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

5. Lease Designation and Serial No.

NM-58809

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

AFC Federal No. 1

9. API Well No.

30-015-28192

10. Field and Pool, or Exploratory Area

Wildcat, Delaware

11. County or Parish, State

Eddy County, NM

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 79707-7340

915/682-6822

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

330' FSL & 1650' FWL

Section 10, T-26-S, R-29-E

DEC 27 '94

UT, N

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

Drilling

- ☐ 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.)

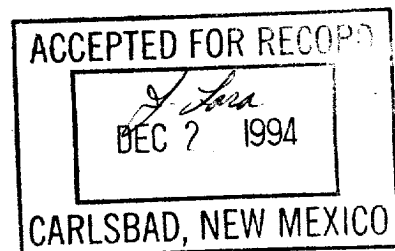
11/27/94 TD 580' MIRU Nabors rig #301. Spud well @ 0700 hrs CST 11/26/94. Drlg 11" hole 0-580'. Run 8-5/8" csg.

11/28/94 TD 1120' Drlg 7-7/8" hole 580-1120'.

11/29/94 TD 1475' Drlg 7-7/8" hole 1120-1475'.

11/30/94 TD 1675' Drlg 7-7/8" hole 1475-1675'.

12/01/94 TD 2180' Drlg 7-7/8" hole 1675-2180'.



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

Signed Richard D. Burt Title Division Operations Manager

Date 12/01/94

(This space for Federal or State office use)

Approved by _____
Conditions of approval, if any:

Title _____

Date _____