

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

RECEIVED

JUL 30 97

BLM
ROSWELL, NM

N.M. Oil Cons 8/1/97
811 S 1st
FORM APPROVED
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 (915)682-6822

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

1970' FNL & 1949' FWL, Section 13, T25S, R29E

5. Lease Designation and Serial No.

NM-15303

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Bradly 13 Federal No. 1

9. API Well No.

30-015-29256

10. Field and Pool, or Exploratory Area

Corral Canyon Del, West

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

- ☐ 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.)*

4/23/97 Perf Delaware 6384'-6400' (32 - .50" dia holes). Acdz w/ 1000 gals 7-1/2% HCL. Swab well.

4/24/97 Swab test well.

4/26/97 Set CIBP @ 6320'. Perf Delaware 5616'-20', 5684'-88', 5694'-5700'. (56 - .50" dia holes).

4/27/97 Acdz Delaware w/ 1000 gals 7-1/2% HCL. Swab well.

4/28/97 Swab test well.

4/29/97 Run production equipment. Put well on pump. Test well.

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

Signed

Title Senior Operations Engineer

Date 7/22/97

(This space for Federal or State office use)

(ORIG. SGD.) DAVID K. GLASS

Approved by
Conditions of approval, if any:

Title

Date