

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

5. Lease Designation and Serial No.
NM-89172

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Patton 17 Federal #3

9. API Well No.

30-015-29626

10. Field and Pool, or Exploratory Area

Cotton Draw Bone Spring

11. County or Parish, State

Eddy County, NM

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)685-8100

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

500' FSL & 1500' FEL, Section 17, T24S, R31E

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.)*

Pogo Producing Company respectfully request that the BLM grant an extension of one year to the expiration date of the approved APD. We were unable to include this well in our past year's drilling plan but feel that we can easily include it in the coming year.

RECEIVED FOR 12 MONTH PERIOD
ENDING MAY 12 1993

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

Signed *Richard B. Glass*

Title Division Operations Manager

Date 06/30/98

(This space for Federal or State office use)

(ORIG. SGD.) DAVID R. GLASS

PETROLEUM ENGINEER

Approved by

Date AUG 18 1998

Conditions of approval, if any: