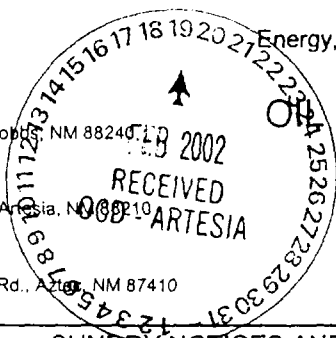


DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer 00, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410



CONSERVATION DIVISION

2040 Pacheco St.
Santa Fe, NM 87505

RECEIVED
MIDLAND

WELL API NO.

30-015-24452

Indicate Type of Lease

STATE ☐

FEE ☒

State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"
(FORM C-101) FOR SUCH PROPOSALS.)

Lease Name or Unit Agreement Name

Lightfoot

Type of Well:

OIL
WELL ☒

GAS
WELL ☐

OTHER

Name of Operator
Pogo Producing Company

Well No.

1

Address of Operator
P. O. Box 10340, Midland, TX 79702-7340

Pool name or Wildcat
Malaga Delaware

Well Location

Unit Letter J : 1780 Feet From The South Line and 2460 Feet From The East Line

Section 14 Township 24S Range 28E NMPM Eddy County

Elevation (Show whether DF, RKB, RT, GR, etc.)
2977' GR

11

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☒

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ANBANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Pogo Producing Company request that the above wellbore be Temporarily Abandoned pending recompletion study.

Set CIBP @ ~~1780~~ 6075'

Circ. hole w/ Inert Fluid

Test, & chart csq. to 500# 30 min

Schedule test 24 hours in advance with
OCD. 505-748-1283

OIL CONSERVATION DIVISION
CASE NUMBER 12811
EXHIBIT 1
Notify OCD 24 hrs. prior to any work done

OCD must witness test.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE

Cathy Tomberlin

TITLE Sr. Operation Tech

DATE 02-15-02

TYPE OR PRINT NAME Cathy Tomberlin

TELEPHONE NO. 915-685-8100

(This space for State Use)

APPROVED BY

[Signature]

TITLE

[Signature]

DATE

FEB 19 2002

CONDITIONS OF APPROVAL, IF ANY: