

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

Oil Cons.  
N.M. DIV-Dist. 2  
1301 W. Grand Avenue  
Artesia, NM 88210

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

RECEIVED

MAY 04 2004

OCB-ARTESIA

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 432-685-8100

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
1980' FNL & 660' FWL, Section 4, T24S, R31E

5. Lease Designation and Serial No.  
NM-104730

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.  
Sundance Federal #23

9. API Well No.  
30-015-33384

10. Field and Pool, or Exploratory Area  
Sand Dunes Delaware W.

11. County or Parish, State  
Eddy County, NM

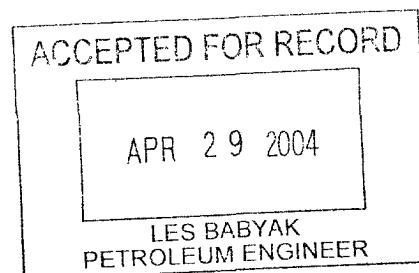
12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other Spud
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> 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.)

Spud - MIRU Capstar #9. Spud well @ 16:00 hrs 04/23/04. Drld 17-1/2" hole to 690'. TD reached @ 17:00 hrs 04/24/04. Ran 16 jts 13-3/8" 48# H-40, ST&C csg. Cmt'd w/ 475 sks Lite @ 12.4 ppg followed by 200 sks Cl "C" + 2% CaCl2 @ 14.8 ppg. Circ 127 sks to surface. Plug down @ 04:30 hrs 04/25/04. WOC 22 hrs. Make cut-off. Weld on WH. NU BOP's & test ok.



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

Signed Cathy Wright

Title Sr. Operation Tech

Date 04/26/04

(This space for Federal or State office use)

Approved by \_\_\_\_\_  
Conditions of approval, if any:

Title \_\_\_\_\_

Date \_\_\_\_\_