Submit 3 Copies To Appropriate District Office	State of New Mexico		Form C-103 March 4, 2004	
Energy, Minerals and Natural Resources 1625 N. French Dr., Hobbs, NM 88240		паі ксаопісся	WELL API NO. 2968	
District II	INICIA CONTECTIVATION DIVISION		(30-015-2"	1601
District III	301 W. Grant Ave., Artesia, 1112 6621V		5. Indicate Type of STATE	Lease FEE
1000 Rio Brazos Rd., Azucc, NM 87410 Diametr IV Santa Fe, NM 87505		6. State Oil & Gas Lease No.		
1220 S. St. Francis Dr., Santa Fe, NM			V-3604	
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A				nit Agreement Name
DIFFERENT RESERVOIR. USE "APPLICATION FOR FERMIT" (FORM C-101) FOR SUCH PROPOSALS.)			Lost Tank 35 State	
1. Type of Weil:			8. Well Number	
Oil Well 🔀 Gas Well 🔲 Other			15	
2. Name of Operator Pogo Producing Company			9. OGRID Number 017891	
3. Address of Operator			10. Pool name or Wildcat	
P. O. Box 10340, Midland, TX 79702-7340			Lost Tank De	aware
4. Well Location Unit Letter C:	660feet from the North	line and	1980 feet from	theWest_line
Section 35	Township 21S R	enge 31E	NMPM Eddy	County
Decidon 00	11. Elevation (Show whether DE		1	
3511				
Pit or Relaw-grade Tank Application (For pit or below-grade tank closures, a form C-144 must be attached)				
Pit Location: ULSectTwp		-		est fresh water well
Distance from nearest surface water		ScetTw	;	
feet from theline and	feet from thefine			
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data				
NOTICE OF IN	TENTION TO: PLUG AND ABANDON		SEQUENT REPO	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WOR	K 🗆 A	LTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DR		LUG AND
PULL OR ALTER CASING	MULTIPLE	CASING TEST A		BANDONMENT
	COMPLETION	CEMENT JOB		
OTHER:		OTHER: CO	rect C-144	
	leted operations. (Clearly state all			
of starting any proposed we or recompletion.	ork). SEE RULE 1103. For Multip	ple Completions: A	tach wellbore diagram	of proposed completion
or roomptenon.				
Dogo Droducina Co		- C 144 Eled e	- tha abarra asutia	
	mpany wishes to correct the ness of the pit liner from 12		-	med well
requirements.	less of the premier from 12	inii w zo inii t	o tumin curient	
_				
I hereby certify that the information grade tank has been/will be constructed or	above is true and complete to the I	est of my knowledg	e and belief. I further	pertify that any pit or below-
grade table and pectawan be constructed or	crosed seconding to MAOCD Surgermen			
SIGNATURE CERTIFICATION	USE TITLE	Sr. Operation	on Tech	DATE_05/26/04
Type or print name Cathy Wright	gric E-mail a	tc@pogoprodu ddress:	ing.com Tele	phone No.432-685-8100
(This space for State use)	CHOCO .			
APPPROVED BY	TITLE		D	ATE
Conditions of approval, if any:	- CONTO			
	TITLE_			
	X			