

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 21 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 & 1980' FEL, 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 #24

9. API Well No.

30-015-33385

10. Field and Pool, or Exploratory Area

Sand Dunes Delaware W.

11. County or Parish, State

Eddy County, NM

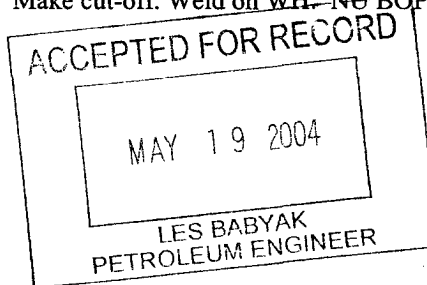
12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION	
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input checked="" type="checkbox"/> Other Spud	<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 @ 21:00 hrs 05/10/04. Drld 17-1/2" hole to 680'. TD reached @ 17:00 hrs 05/11/04. Ran 15 jts 13-3/8" 48# H-40, ST&C csg. Cmt'd w/ 460 sks Lite @ 12.8 ppg followed by 200 sks Cl "C" + 2% CaCl2 @ 14.8 ppg. Circ 120 sks to surface. Plug down @ 03:00 hrs 05/12/04. WOC 18 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 05/14/04
(This space for Federal or State office use)

Approved by _____ Title _____ Date _____
Conditions of approval, if any: