

District I - (575) 393-6161
1625 N. French Dr., Hobbs, NM 88240
District II - (575) 748-1283
811 S. First St., Artesia, NM 88210
District III - (505) 334-6178
1000 Rio Brazos Rd., Aztec, NM 87410
District IV - (505) 476-3460
1220 S. St. Francis Dr., Santa Fe, NM 87505

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO. 30-015-05185
5. Indicate Type of Lease STATE [ ] FED [x]
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Turner B
8. Well Number #007
9. OGRID Number 372000
10. Pool name or Wildcat Grayburg Jackson: SR-Q-G-SA
11. Elevation (Show whether DR, RKB, RT, GR, etc.) GL 3,368'

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.)
1. Type of Well: Oil Well [ ] Gas Well [x] Other INJECTION
2. Name of Operator Pogo Oil and Gas Operating Inc
3. Address of Operator 2130 W. Bender Blvd, Hobbs, NM 88240
4. Well Location Unit Letter O : 660 feet from the South line and 1980 feet from the East line
Section 17 Township 17S Range 31E NMPM County Eddy

12. 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 [ ] MULTIPLE COMPL [ ]
DOWNHOLE COMMINGLE [ ]
CLOSED-LOOP SYSTEM [ ]
OTHER: [ ]
SUBSEQUENT REPORT OF:
REMEDIAL WORK [ ] ALTERING CASING [ ]
COMMENCE DRILLING OPNS. [ ] P AND A [ ]
CASING/CEMENT JOB [ ]
OTHER: MIT [x]

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Performed MIT for 5 year pressure test @ 600psi
Well Passed
Attached is copy of MIT Chart

RECEIVED

DEC 17 2018

DISTRICT II-ARTESIA O.C.D.

Spud Date: [ ]

Rig Release Date: [ ]

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

SIGNATURE [Signature] TITLE [Signature] DATE 12/12/18

Type or print name For State Use Only E-mail address: PHONE:

APPROVED BY: [Signature] TITLE Compliance officer DATE 12-17-18
Conditions of Approval (if any):

PRINTED IN U.S.A.

NOON

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MIDNIGHT

6 AM



DATE BR 2221

Start 600

End 600

Pressure of Gas Operating

Warner B-1007

30-015-05185

UL 0 sec 17-TPS-R31E

5 Year Pressure Test

Recorder 11612-10

Cal Date 7-24-18

10-02-18

Davis