| Submit 1 Copy To Appropriate District Office | State of New Mexico | | Form C-103 Revised July 18, 2013 | | |
|---|---|--------------------|---|--------------------------|--|
| <u>District I</u> – (575) 393-6161 Energy, Minerals and Natural Resources 1625 N. French Dr., Hobbs, NM 88240 | | WELL API NO. | | | |
| <u>District II</u> – (575) 748-1283 811 S. First St., Artesia, NM 88210 | District II - (575) 748-1283 III S. First St., Artesia, NM 88210 OIL CONSERVATION DIVISION | | 30-015-10389 | | |
| District III - (505) 334-6178 | 6178 1220 South St. Francis Dr. | | 5. Indicate Type of L | FED 🛛 | |
| 1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u> – (505) 476-3460 | Santa Fe, NM 87505 | | 6. State Oil & Gas Le | | |
| 1220 S. St. Francis Dr., Santa Fe, NM 87505 | | | | | |
| 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.) | | | 7. Lease Name or Unit Agreement Name North Benson Queen Unit | | |
| 1. Type of Well: Oil Well Gas Well Other | | | 8. Well Number #12 | | |
| 2. Name of Operator | | | 9. OGRID Number | | |
| Pogo Oil & Gas Operating Inc. 3. Address of Operator | | | 372000 10. Pool name or Wildcat | | |
| 1515 Calle Sur, Ste 174 Hobbs, NM 88240 | | | Queen - Grayburg | | |
| 4. Well Location | | | | | |
| Unit LetterJ | :1980' feet from the | South line an | d2208'feet fro | m theEastline | |
| Section 29 T | Township 18S Range | 30E N | | ounty | |
| | 11. Elevation (Show whether DR) | , RKB, RT, GR, etc | .) | | |
| | 3429' GL | | | | |
| 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data | | | | | |
| NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: | | | | | |
| PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK | | | | TERING CASING | |
| TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRI | | | RILLING OPNS. 🔲 🛛 🗖 | ND A | |
| PULL OR ALTER CASING | MULTIPLE COMPL | CASING/CEMEN | IT JOB 📙 | | |
| DOWNHOLE COMMINGLE CLOSED-LOOP SYSTEM | | | | | |
| OTHER: | П | OTHER: M | IT | \boxtimes | |
| 13. Describe proposed or comp | oleted operations. (Clearly state all pork). SEE RULE 19.15.7.14 NMAC completion. | | | | |
| Performed MIT at 340Psi, for 5 year Well passed test. Attached is the scan of the MIT char | | | | | |
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| | | | | RECEIVED | |
| | | | | DEC 1 7 2018 | |
| | | | Ol | STRICT II-ARTESIA O.C.D. | |
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| Spud Date: | Rig Release Da | ate: | | | |
| | | | | | |
| I hereby certify that the information above is true and complete to the best of my knowledge and belief. | | | | | |
| SIGNATURE LO LA | TITLE hod | andi Ma | DATE | 1/20/18 | |
| Type or print name M. Y. A | Yercheele mail addrage | mum erd | Denvocaio li race | 575-1492-1236 | |
| For State Use Only | ∕ | 0 | | | |
| APPROVED BY: Conditions of Approval (if any): | C TITLE COM | polance | office DATE | 12-17-18 | |

