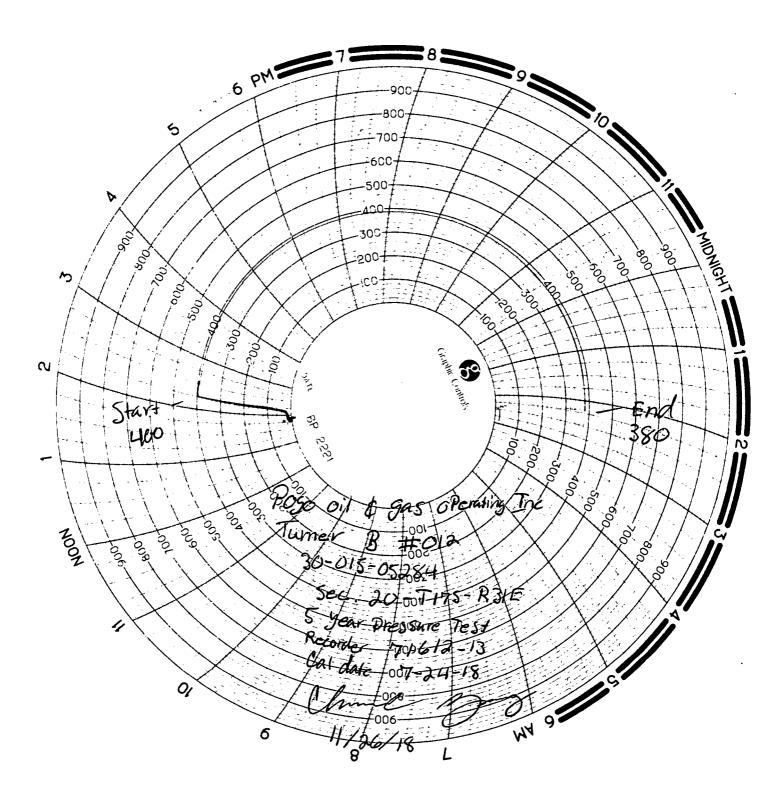
Submit 1 Copy To Appropriate District Office	State of New Mexico	Form C-103
District I - (575) 393-6161	Energy, Minerals and Natural Resources	Revised July 18, 2013
1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> – (575) 748-1283		WELL API NO. 30-015-05284
811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION	5. Indicate Type of Lease
District III - (505) 334-6178	1220 South St. Francis Dr.	STATE FED
1000 Rio Brazos Rd., Aztec, NM 87410 District IV – (505) 476-3460	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM		
87505 SLINDRY NOT	ICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPO	OSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A ICATION FOR PERMIT" (FORM C-101) FOR SUCH	Turner B
1. Type of Well: Oil Well	Gas Well Other INJECTION	8. Well Number #012
2. Name of Operator		9. OGRID Number
Pogo Oil and Gas Operating Inc		372000
3. Address of Operator 2130 W. Bender Blvd, Hobbs, NM 88240		10. Pool name or Wildcat Grayburg Jackson: SR-Q-G-SA
4. Well Location		
Unit Letter L: 2080 feet from the South line and 660 feet from the West line		
Section 20	Township 17S Range 31E	NMPM County Eddy
	11. Elevation (Show whether DR, RKB, RT, GR, etc.	· · · · · · · · · · · · · · · · · · ·
	GL 3,826'	<u></u>
12. Check	Appropriate Box to Indicate Nature of Notice	Report or Other Data
		•
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:		
— — — — — — — — — — — — — — — — — — —		-
TEMPORARILY ABANDON	_	RILLING OPNS. P AND A
PULL OR ALTER CASING		NT JOB ∐
DOWNHOLE COMMINGLE CLOSED-LOOP SYSTEM		
OTHER:	□ OTHER:	MIT ⊠
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.		
D. C. LAME C. C.	0 400	
Performed MIT for 5 year pressure	test @ 400psi	
Well Passed Attached is copy of MIT Chart		
Attached is copy of Will 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.		
Type or print name M- 4. Merchant E-mail address: my merch @penrocoi /_PHONE: (670-) 492-(23)		
	<u> </u>	
Type or print name $M-Y-M$	erchant E-mail address: my merche	Spenrocal_PHONE: (670-) 492-(23
For State Use Only		
	2- 1	0.0
APPROVED BY:	TITLE Compilance	officer DATE 12-17-18
Conditions of Approval (if any):	•	



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