| Submit 3 Copies To Appropriate District | State of New Mexico | | | Form C-103 | | |
|---|---|-----------------|---------------------------|--|-------------|-------------|
| Office District 1 | Energy, Minerals and Natural Resources | | al Resources | May 27, 2004 | | |
| 1625 N. French Dr., Hobbs, NM 88240 | | | | WELL API NO. 30-015-34767 | | |
| District II 1301 W. Grand Ave., Artesia, NM 88210 | OIL CONSERVATION DIVISION | | | 5. Indicate Type of Lease | | |
| District III | 1220 South St. Francis Dr. | | | | FEE 🗍 | 1 |
| 1000 Rio Brazos Rd., Aztec, NM 87410 District IV Santa Fe, NM 87505 | | | 505 | 6. State Oil & Gas Lease | | • |
| 1220 S. St. Francis Dr., Santa Fe, NM | | | | | | ŀ |
| 87505 SUNDRY NOTI | CES AND REPORTS C | N WELLS | , | 7. Lease Name or Unit A | greement | Name |
| (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A | | | | | C | |
| DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) | | | | STATE "19" | | |
| 1. Type of Well: Oil Well Gas Well Other | | | | 8. Well Number 3 | | |
| 2. Name of Operator RECEIVED | | | | 9. OGRID Number | | |
| POGO PRODUCING COMPANY 3. Address of Operator JUL 1 9 7006 | | | | 017891 10. Pool name or Wildcat | | |
| 3. Address of Operator P. O. BOX 10340, MIDLAND, TX 79702-7340 OCD-ARTICLE | | | | WILDCAT-UPPER PENN | | |
| | 19102-1340 | OCD-AF | diga and | WILDCAT-OTT ERT EN | | |
| 4. Well Location | 1000 - for at from the | COUTH | line and 2100 |) foot from the D | ACT | line |
| | | | | feet from theE | | line |
| Section 19 | Township | | ange 27E | NMPM EDDY | Coun | ity |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3255' | | | | | | |
| Pit or Below-grade Tank Application o | | | | | | |
| Pit typeDepth to Groundwa | nterDistance from no | earest fresh wa | ter well Distan | ice from nearest surface water | r | Ì |
| Pit Liner Thickness: mil | | | | struction Material | | |
| 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data | | | | | | |
| 12. Check P | appropriate box to i | iluicaie ina | iture of Notice, N | eport of Other Data | | |
| NOTICE OF IN | TENTION TO: | | SUBS | EQUENT REPORT | OF: | |
| PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR | | | | - | RING CAS | ing 🗌 |
| TEMPORARILY ABANDON CHANGE PLANS COMMENCE DR | | | | | Α | |
| PULL OR ALTER CASING | MULTIPLE COMPL | . 니 | CASING/CEMENT | JOB 🗆 | | |
| OTHER: | | | OTHER: | | | П |
| 13. Describe proposed or comp | leted operations. (Clear | | | give pertinent dates, inclu | ding estir | nated date |
| of starting any proposed wo | rk). SEE RULE 1103. | For Multiple | Completions: Atta | ch wellbore diagram of pr | roposed c | ompletion |
| or recompletion. | | | | | | |
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| | | | | | | |
| 07/18/06 Drilled 10" hol | e from 25' to 30'. Lease | e hold @ 30 | | | | |
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| Yhanka aic ahaak i c | _111 | | | 11 11 2 | | |
| I hereby certify that the information grade tank has been/will be constructed or | above is true and comple closed according to NMOCI | ete to the bes | St Of my knowledge : | and belief. I further certify an (attached) alternative OC | that any pi | t or below- |
| Onit III | ', \ | B | , « goner an per ann 🗀 o. | an (attached) after native oc | D-approved | a bian Ci. |
| SIGNATURE COSTANTIAL | right | _TITLE <u>S</u> | R ENG TECH | DATE <u>07/18/06</u> | <u>)</u> | |
| Type or print name CATHY WALC | UT E | i.ake- 🐼 | | Talamba N - 400 (0) | | |
| Type or print name CATHY WRIG | nı E-mail address: | wrightc@p | ogoproducing.com | Telephone No. 432-685 | >-8100 | |
| - | TOODE ANIV | | | | ,Dn | 1 9 2006 |
| | RECORDS ONLY | _TITLE | | DATE | | - A COND |
| Conditions of Approval (if any): | | | | | | _ |