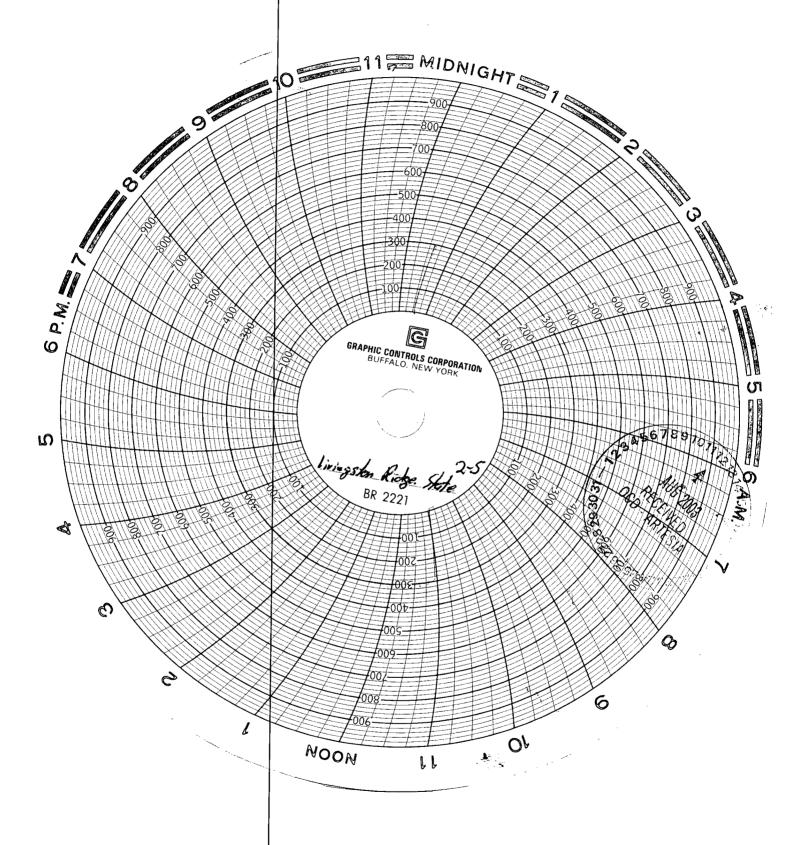
CONDITIONS OF APPROVAL, IF ANY:

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

PIOTPIOT I	OIL CONCEDIAT	TONI DIVIDIONI			: x	
<u>DISTRICT I</u> P.O. Box 1980, Hobbs, NM 88240		CONSERVATION DIVISION		WELL API NO.		
DIOTRICT II	Santa Fe. NM	2040 Pacheco St. Santa Fe, NM 87505		30-015-32440		
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	22	3456 ⁷⁸⁹ 10 ₇₇		se		
DIOTRIOT III	0.0	123		STATE X	FEE	
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410		AUG 2 ST	State Oil & Gas Leas	se No.		
SUNDRY NOTIC	ES AND REPORTS ON W	KONSON VODO 5	11.0			
	POSALS TO DRILL OR TO DEEP POIR. USE "APPLICATION FOR F 01) FOR SUCH PROPOSALS).	EN OR PLUG BÁCK TO A H	₁Lease Name or Unit	Agreement Name		
Type of Well:	- \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	E.			l	
OIL GAS WELL WELL	OTHER WIW	OTHER WIW		State 2		
Name of Operator Pogo Producing Company		«Well No.				
3Address of Operator	0240 M: 17 - 7	0700 7240	Pool name or Wildow		200	
P. O. Box 10	0340, Midland, TX 7	9/02-/340	Livingston	<u>Ridge Delawa</u>	re	
	eet From The South	Line and 130	6 Feet From The	East	_ Line	
Section 2	Township 22S	Range 31E	NMPM	Eddy c	ounty	
	10Elevation (Show whether 3535					
11 Check Apr	propriate Box to Indicate	Nature of Notice Re	port or Other I) Data		
NOTICE OF INT	•	1	SEQUENT RE			
NOTICE OF INT		_ SUB.	SEQUENT RE	EPORT OF.		
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK		ALTERING CASING	i	
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS.				PLUG AND ANBAND	ONMENT	
PULL OR ALTER CASING CASING TEST AND CEMENT JOB						
OTHER:		OTHER: Conver	t to WIW			
12Describe Proposed or Completed Operations	(Clearly state all pertinent details, and	give pertinent dates, including es	stimated date of starting	any proposed		
work) SEE RULE 1103. 07/10/03 Perf Delaware 6989-702	20 w/ 4 spf. Acdz perfs w/ 25	00 gals 7-1/2% acid.				
07/15/03 WIH w/ 2-7/8" tbg. EO	Т @ 6899'.					
07/16/03 Conduct pkr leakage pressure test to 300# for 30 mins. Pkr and csg tested ok. See attached.						
Will start injecting as soon as facilities are completed.						
I hereby certify that the information above is to	ue and complete to the best of my kno	_	.		100	
SIGNATURE CHILD	mkeren	TΠLE Sr. Operati	on lech	DATE 08/06	/03	
TYPE OR PRINT NAME Cathy Tombe	erlin	432	-685-8100	TELEPHONE NO.		
(This space for State Use)				Ana	4 F 0000	
		· .		AUb	1 5 2003	



A.J.B. Trans.
7-16-03.
Pogo. livingstone
Ridge State 2-5
Rupul Manuform