

Form 3160-5N DIVISION  
June 1990  
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UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

RECEIVED  
MAY 14 1991  
O. C. D.  
ARTESIA, OFFICE

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well  
☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator  
Pogo Producing Company ✓

3. Address and Telephone No.  
P. O. Box 10340, Midland, Texas 79702-7340

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
1980' FNL & 1980' FEL of Section 26, T-22-S, R-31-E

FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires: March 31, 1993  
5. Lease Designation and Serial No.  
NM-62590  
6. If Indian, Allottee or Tribe Name  
7. If Unit or CA, Agreement Designation  
8. Well Name and No.  
Federal 26 No. 2  
9. API Well No.  
30-015-26638  
10. Field and Pool, or Exploratory Area  
Livingston Ridge-Delaware  
11. County or Parish, State  
Eddy County, NM

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION	
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input checked="" type="checkbox"/> Other testing	<input type="checkbox"/> Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

Swab test (4-5-91) - (4-10-91) -  
Install downhole pump - R/U surface pump jack - well pumping 20:00 hrs CST  
4-11-91.

14. I hereby certify that the foregoing is true and correct

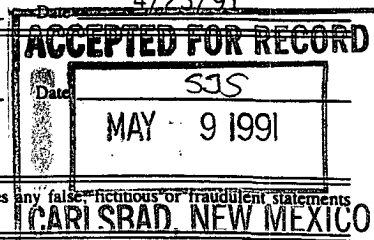
Signed [Signature]  
(This space for Federal or State office use)

Title Division Operations Supervisor

Date 4/23/91

Approved by \_\_\_\_\_  
Conditions of approval, if any:

Title \_\_\_\_\_



Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

\*See instruction on Reverse Side