

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

clse
sp

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO. 30-015-30379

5. Indicate Type of Lease
STATE FEE

6. State Oil & Gas Lease No.

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

Airport 35

1. Type of Well:
OIL WELL GAS WELL OTHER

8. Well No. 1

2. Name of Operator
POGO PRODUCING COMPANY

9. Pool name or Wildcat
Wildcat

3. Address of Operator
P. O. BOX 10340, Midland, Texas 79702

4. Well Location

Unit Letter M : 990 Feet From The South Line and 990 Feet From The West Line
Section 35 Township 22-S Range 26-E NMPM Eddy County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3259' GL

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK
TEMPORARILY ABANDON
PULL OR ALTER CASING
OTHER:

PLUG AND ABANDON
CHANGE PLANS

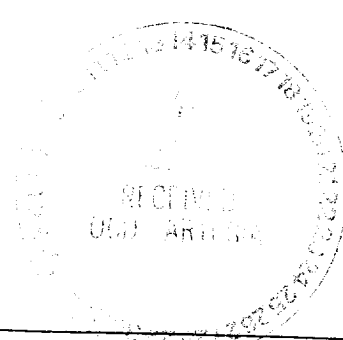
REMEDIAL WORK
COMMENCE DRILLING OPNS.
CASING TEST AND CEMENT JOB
OTHER:

ALTERING CASING
PLUG AND ABANDONMENT

Drilling

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

9/01/98 TD 40'. Y: MIRU Auger Air. Spud well 1030 hrs CDT 8/31/98.
9/02-18/98 TD 40'. PO: WO RT.
9/19/98 TD 50'. PO: WO RT. Y: Ream & CO to 14" hole. Drl 14" hole to 50'.
9/20-30/98 TD 40'. PO: WO RT.



I hereby certify that the information above is true and complete to the best of my knowledge and belief.
SIGNATURE [Signature] TITLE Division Operations Mgr DATE 10/05/98
TYPE OR PRINT NAME _____ TELEPHONE NO _____

This space for State Use)
ORIGINAL SIGNED BY TIM W. GUM
DISTRICT II SUPERVISOR
APPROVED BY [Signature] TITLE _____ DATE 10-15-98
BY OTHERS OR APPROVAL IF ANY: _____