

qsf

UNITED STATES ^{Alameda, NM 88210}

DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

RECEIVED BY
JUN 20 1985
O. C. SUNDRY

NOTICES AND REPORTS ON WELLS

ARTESIAN OFFICE this form for proposals to drill or to deepen or plug back to a different completion. Use Form 9-331-C for such proposals.)

- 1. oil well gas well other
- 2. NAME OF OPERATOR
Pogo Producing Company ✓
- 3. ADDRESS OF OPERATOR
P.O. Box 10340 Midland, Texas 79702
- 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1980' FNL & 660' FWL
AT TOP PROD. INTERVAL: 1980' FNL & 660' FWL
AT TOTAL DEPTH: 1980' FNL & 660' FWL

- 5. LEASE
NM - 40659
- 6. IF INDIAN, ALLOTTEE OR TRIBE NAME
- 7. UNIT AGREEMENT NAME
- 8. FARM OR LEASE NAME
Pure Gold "C" Federal
- 9. WELL NO.
1
- 10. FIELD OR WILDCAT NAME
West Sand Dunes Morrow
- 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 28, T-23-S, R-31-E
- 12. COUNTY OR PARISH
Eddy
- 13. STATE
New Mexico
- 14. API NO.
- 15. ELEVATIONS (SHOW DF, KDB, AND WD)
3350.2 Ground

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

- | | |
|--|--------------------------|
| REQUEST FOR APPROVAL TO: | SUBSEQUENT REPORT OF: |
| TEST WATER SHUT-OFF <input type="checkbox"/> | <input type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/> | <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/> | <input type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/> | <input type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/> | <input type="checkbox"/> |
| MULTIPLE COMPLETE <input type="checkbox"/> | <input type="checkbox"/> |
| CHANGE ZONES <input type="checkbox"/> | <input type="checkbox"/> |
| ABANDON* <input type="checkbox"/> | <input type="checkbox"/> |
| (other) Change Operator <input type="checkbox"/> | |

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

17. 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.)*

Pogo Producing Company and The Superior Oil Company had previously designated Kaiser-Francis Oil Company operator of all of Section 28. Kaiser-Francis has withdrawn from the well.

Attached and made a part of this Sundry Notice is the Designation of Operator executed by The Superior Oil Company designating Pogo Producing Company the operator of all of section 28.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED [Signature] TITLE Division Operations Manager DATE 6/14/85

(This space for Federal or State office use)
APPROVED BY [Signature] TITLE CARLSBAD RESOURCE AREA MANAGER DATE 6-19-85

CONDITIONS OF APPROVAL, IF ANY: [Handwritten]

*See Instructions on Reverse Side

Post ID-2
6-21-85
Chg OP