

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

4158

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" for such proposals.)

RECEIVED

1. OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR Pogo Producing Company

3. ADDRESS OF OPERATOR P. O. Box 10340 Midland, Texas 79702-7340

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)
At surface 1980' FNL & 1980' FWL

14. PERMIT NO. _____

15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3486.6 GR

6. C. D. ARTESIA, OFFICE

5. LEASE DESIGNATION AND SERIAL NO. NM-19199

6. IF INDIAN, ALLOTTEE OR TRIBE NAME _____

7. UNIT AGREEMENT NAME _____

8. FARM OR LEASE NAME Cal-Mon

9. WELL NO. 2

10. FIELD AND POOL, OR WILDCAT Sand Dunes (Morrow)

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 35, T-23-S, R-31-E

12. COUNTY OR PARISH Eddy 13. STATE NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	PULL OR ALTER CASING	WATER SHUT-OFF	REPAIRING WELL
FRACTURE TREAT	MULTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING CASING
SHOOT OR ACIDIZE	ABANDON*	SHOOTING OR ACIDIZING	ABANDONMENT*
REPAIR WELL	CHANGE PLANS	(Other) <u>Test Atoka Sandstone</u>	

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

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.)*

SEE ATTACHMENT

RECEIVED
SEP 20 10 49 AM '90
C.M. AREA 1

Adam

SEP 11 1990

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

SIGNED R. L. Wright TITLE Dist. Drlg. & Prod. Supt. DATE 9/19/90

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: _____

*See Instructions on Reverse Side