

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPlicate
(Other instruction
verse side)

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

5. LEASE DESIGNATION AND SERIAL NO.

NM-62589

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Federal 23

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT Undes.
Livingston Ridge Delaware

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 23, T-22-S, R-31-E

12. COUNTY OR PARISH

Eddy

13. STATE

New Mexico

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.)

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
660' FSL and 660' FEL of Section 23

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GM, etc.)
3574' GL

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF
FRACTURE TREAT
SHOOT OR ACIDIZE
REPAIR WELL
(Other)

PULL OR ALTER CASING
MULTIPLE COMPLETE
ABANDON*
CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF
FRACTURE TREATMENT
SHOOTING OR ACIDIZING
(Other)

REPAIRING WELL
ALTERING CASING
ABANDONMENT*

(Other) spud, surface casing

(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

JUL 13 '90

C. D.
ARTESIA, OFFICE

CARETAKER'S OFFICE
ARTESIA, NEW MEXICO
JUL 2 8 42 AM '90

RECEIVED

I hereby certify that the foregoing is true and correct

SIGNED

R. L. Wright
R. L. Wright

TITLE

Dist. Drlg. & Prod. Supt.

DATE

6/29/90

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side