

Submit 1 Copy To Appropriate District Office  
 District I - (575) 393-6161  
 1625 N. French Dr., Hobbs, NM 88240  
 District II - (575) 748-1283  
 811 S. First St., Artesia, NM 88210  
 District III - (505) 334-6178  
 1000 Rio Brazos Rd., Aztec, NM 87410  
 District IV - (505) 476-3460  
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
 Energy, Minerals and Natural Resources

Form C-103  
 Revised July 18, 2013

OIL CONSERVATION DIVISION  
 1220 South St. Francis Dr.  
 Santa Fe, NM 87505

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.) 1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		WELL API NO. 30-015-36773
2. Name of Operator POGO OIL & GAS OPERATING, INC		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
3. Address of Operator 1515 Calle Sur, Ste 174, Hobbs, NM 88240		6. State Oil & Gas Lease No. 37486
4. Well Location Unit Letter <u>O</u> ; <u>1309</u> feet from the <u>South</u> line and <u>1980</u> feet from the <u>East</u> line Section <u>        </u> Township <u>        </u> Range <u>        </u> NMPM <u>        </u> County <u>Eddy</u>		7. Lease Name or Unit Agreement Name WLHU GAS Unit
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4246.5' =GR		8. Well Number 31
9. OGRID Number 372000		10. Pool name or Wildcat Loco Hills; Queen-Grayburg-San Andres

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: Brought back to production <input checked="" type="checkbox"/>	

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

9/6/18 - 9/14/18  
 RU WSU. POOH w/ tbg -part on 8<sup>th</sup> joint. LD 8 bad jt's.  
 TIH w/ over shot and good tbg. Recovered and POOH w/ 1 jt & 20' of next jt. TIH w/ overshot and recover rest of tbg. POOH.  
 RIH w/ BHA and production Tbg. Flange up wellhead.  
 TIH w/ pump and rods. Long stroke well, hand good pump action.  
 RD WSU.  
 MI and set 160 pumping unit. Hung well on. Finish electrical work.  
 Restored well to production.  
 24 hour test- 3bbl oil, 35 bbl water

RECEIVED

SEP 17 2018

DISTRICT II-ARTESIA O.C.D.

Spud Date:

Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE [Signature] TITLE Production Manager DATE 9/14/18

Type or print name MERCH MERCHANT E-mail address MYMERCH@PENROCOIL.COM PHONE (575) 631-7450  
**For State Use Only**

APPROVED BY: [Signature] TITLE State Rep DATE 9-18-18  
 Conditions of Approval (if any):