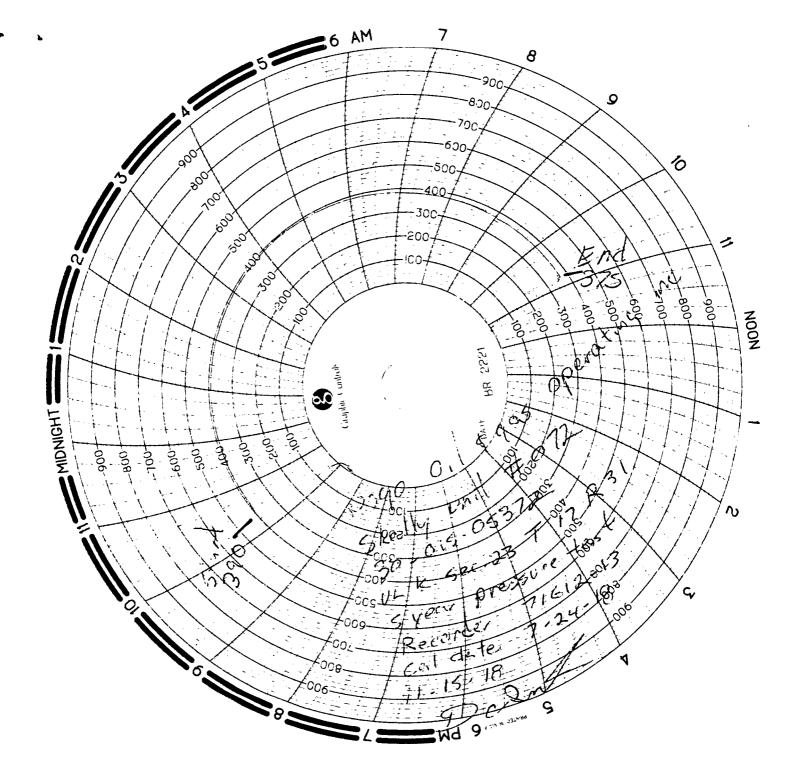
Submit 1 Copy To Appropriate District State of New Mexico	Form C-103
Office District 1 – (575) 393-6161 RECEIVED Energy, Minerals and Natural R	esources Revised July 18, 2013
1625 N. French Dr., Hobbs, NM 88240	WELL API NO.
District II - (575) 748-1283 811 S. First St., Artesia, NM 88210 NOVOID CONSERVATION DIV	VISION 30-015-05372
District III - (505) 334-6178 1220 South St. Francis	5. Indicate Type of Lease Or. STATE FED
1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u> – (505) 476-3460 DISTRICT II-ARTESIASTICAD Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM	NMNM98120
87505 SUNDRY NOTICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BA	
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SU	СН
PROPOSALS.) 1. Type of Well: Oil Well ☐ Gas Well ☐ Other ☒	8. Well Number #72
2. Name of Operator	9. OGRID Number
Pogo Oil & Gas Operating Inc.	372000
3. Address of Operator	10. Pool name or Wildcat
1515 Calle Sur, Ste 174 Hobbs, NM 88240 Grayburg Jackson 7-Rivers QN GB SA	
4. Well Location	1 1000 6 6 6 4 10 11
Unit Letter K : 1980' feet from the Sour	
Section 23 Township 17S Range 31E	
11. Elevation (Show whether DR, RKE 3873' GL	, KI, GK, etc.)
30/3 00	
12. Check Appropriate Box to Indicate Nature	e of Notice. Report or Other Data
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
	MEDIAL WORK ALTERING CASING
TEMPORARILY ABANDON	
PULL OR ALTER CASING	
DOWNHOLE COMMINGLE	
CLOSED-LOOP SYSTEM	HER: MIT
13. Describe proposed or completed operations. (Clearly state all pertin	
of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of	
proposed completion or recompletion.	
D. C. LIMIT LOOP ' C. C.	
Performed MIT at 390Psi, for 5 year pressure test.	
Well passed test. Attached is the scan of the MIT chart.	
Attached is the scan of the Wiff Chart.	
Spud Date: Rig Release Date:	
Trig release Bate.	
	my knowledge and heliaf
I hereby certify that the information above is true and complete to the best of	my knowledge and bener.
I hereby certify that the information above is true and complete to the best of	my kilowieuge and bener.
SIGNATURE I CONTROLLE TITLE Probe	ha Maure DATE 11/16/18
SIGNATURE I CONTROLLE TITLE Probe	ha Maure DATE 11/16/18
Type or print name M-Y. Merchael E-mail address:	ha Maure DATE 11/16/18
TITLE Prober TITLE Prober E-mail address: Appendix Bernard Bernard E-mail address: Appendix Bernard Be	march@puncailaphone(575)492-1236
Type or print name M- Y. Merchael E-mail address: Appendix E-mail address: Appn E-mail addres	ha Maure DATE 11/16/18



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