

Submit 3 Copies To Appropriate District Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

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

Form C-103
May 27, 2004

WELL API NO. 30-015-34894	34997
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>	
6. State Oil & Gas Lease No.	
7. Lease Name of Unit Agreement Name Harroun "9"	
8. Well Number	
9. OGRID Number 017891	
10. Pool name or Wildcat Pierce Crossing Bone Spring	

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"/>	RECEIVED
2. Name of Operator Pogo Producing Company	JUN 19 2006
3. Address of Operator P. O. Box 10340, Midland, TX 79702-7340	JUN 19 2006
4. Well Location Unit Letter <u>P</u> : <u>530</u> feet from the <u>South</u> line and <u>330</u> feet from the <u>East</u> line Section <u>9</u> Township <u>24S</u> Range <u>29E</u> NMPM Eddy County	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 2939	
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>	
Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____	
Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____	

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 checked="" type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <input 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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Intermediate Csg - Drld 12-1/4" hole to 2875'. TD reached @ 17:00 hrs 06/11/06. Ran 65 jts 9-5/8 36# J-55 LT&C csg. Cmt'd w/ 750 sks 35:65 POZ C @ 12.4 ppg followed by 200 sks Cl "C" + 2% CaCl2 @ 14.8 ppg. Plug down at 09:00 hrs 06/12/06. Circ 99 sks to surface. WOC 19-1/2 hrs. Make cut-off. Install WH. NU BOP's & test to 3000# ok. Test csg to 1500# for 30 mins ok.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE Cathy Wright TITLE Sr. Eng Tech DATE 06/15/06

Type or print name Cathy Wright E-mail address: wrightc@pogoproducing.com Telephone No. 432-685-8100
For State Use Only

APPROVED BY: _____ **FOR RECORDS ONLY** TITLE _____ DATE JUN 19 2006
Conditions of Approval (if any): _____