

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

Form C-103  
May 27, 2004

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

WELL API NO. 30-015-34898
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Lake Wood "15"
8. Well Number 6
9. OGRID Number 017891
10. Pool name or Wildcat Wildcat - Cisco

11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3340
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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 _____

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 ☒ Gas Well ☐ Other ☐ RECEIVED

2. Name of Operator  
Pogo Producing Company JUN 19 2006

3. Address of Operator  
P. O. Box 10340, Midland, TX 79702-7340 JLD-ARTESIA

4. Well Location  
Unit Letter H : 1980 feet from the North line and 660 feet from the East line  
Section 15 Township 19S Range 26E NMPM Eddy County

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

NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> OTHER: <input type="checkbox"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input checked="" type="checkbox"/> OTHER: <input type="checkbox"/>
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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 11" hole to 1115'. TD reached @ 08:30 hrs 06/13/06. Ran 24 jts 8-5/8" 32# J-55 LT&C csg. Cmt'd w 400 sks 65:35 "C" @ 12.8 ppg followed by 200 sks CI "C" + 1% CaCl2 @ 14.8 ppg. Plug down @ 18:00 hrs 06/13/06. Circ 80 sks to surface. WOC 24 hrs. Make cut-off. Weld on WH. NU BOP's & test to 1500#. Test csg to 1500# for 30 mins ok.



CONFIDENTIAL

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

FOR RECORDS ONLY

JUN 19 2006

APPROVED BY: \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
Conditions of Approval (if any): \_\_\_\_\_