

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

## OIL CONSERVATION DIVISION

2040 Pacheco St.  
Santa Fe, NM 87505

WELL API NO.	30-015-31711
Indicate Type of Lease	STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
State Oil & Gas Lease No.	
Lease Name or Unit Agreement Name	Harroun 15
Well No.	13
Pool name or Wildcat	Cedar Canyon Delaware
Elevation (Show whether DF, RKB, RT, GR, etc.)	2942'

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.)

Type of Well:  
OIL WELL ☒ GAS WELL ☐ OTHER ☐

Name of Operator  
Pogo Producing Company

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

Well Location  
Unit Letter P : 660 Feet From The South Line and 360 Feet From The East Line  
Section 15 Township 24S Range 29E NMPM Eddy County

Elevation (Show whether DF, RKB, RT, GR, etc.)  
2942'

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

### NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐  
OTHER: ☐

### SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ PLUG AND ANBANDONMENT ☐  
CASING TEST AND CEMENT JOB ☐  
OTHER: Add Delaware Pay ☒

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.

07/30/03 POOH w/ rods, pump & tbq.  
07/31/03 Perf Bone Spring 7780-7802 w/ 2 spf. Acdz w/ 1200 gals 15% acid. Swab  
08/06/03 Frac Bone Spring 7780-7802 w/ 37,200# 20/40 TLC followed w/ 36,000# 20/40 SLC.  
08/07/03 Turned well to production.

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

SIGNATURE *Cathy Tomberlin*

TITLE Sr. Operation Tech DATE 08/20/03

TYPE OR PRINT NAME Cathy Tomberlin

432-685-8100 TELEPHONE NO.

(This space for State Use)

APPROVED BY

*John W. Green*

TITLE

SUPERVISOR, DISTRICT II

DATE

AUG 25 2003

CONDITIONS OF APPROVAL, IF ANY: