

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. Oil Cons. Division
811 S. 1st Street
Artesia, NM 88210-2834

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT-" for such proposals

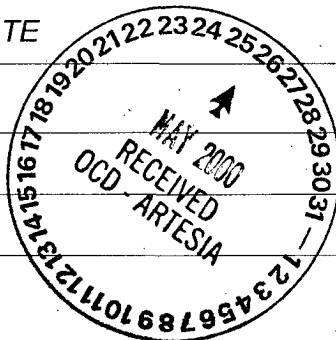
SUBMIT IN TRIPLICATE

1. Type of Well
☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator
Pogo Producing Company

3. Address and Telephone No.
P. O. Box 10340, Midland, TX 79702-7340

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
1980' FNL & 1980' FEL, Section 26, T22S, R31E



5. Lease Designation and Serial No.
NM-62590

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.
Federal 26 #2

9. API Well No.
30-015-26638

10. Field and Pool, or Exploratory Area
Livingston Ridge Delaware

11. County or Parish, State
Eddy County, NM

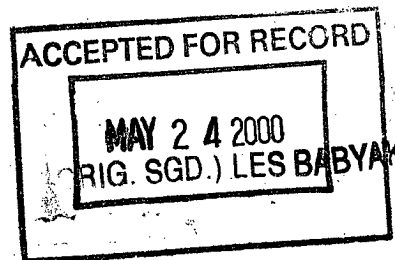
12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION	
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Other	<input type="checkbox"/> Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work).*

04/19/00 POOH w/ rods, pump and tbq.
04/21/00 Knock out CIBP @ 6900'.
04/22/00 Attempt to sqz perfs 7015'-46' w/ 100 sks Cl "C" @ 14.8 ppg. Did not sqz.
04/23/00 Attempt to re-sqz 7015'-46' w/ 50 sks Cl "C" + 2% CaCl2 followed by 50 sks Cl "C" Neat @ 14.8 ppg. Sqzd to 1015#.
04/27/00 Perf Delaware 8232'-52' w/ 2 SPF.
04/28/00 Acidize 8232'-52' w/ 1000 gals 7-1/2% NeFe HCL. Swab.
04/29/00 Swab.
05/02/00 Frac 8232'-52' w/ 126,000# 16/30 TLC.
05/03/00 Swab.
05/05/00 RIH w/ production equipment.
05/06/00 Well returned to production.



14. I hereby certify that the foregoing is true and correct

Signed Cathy Umbel Title Operation Tech Date 05/22/00
(This space for Federal or State office use)

Approved by _____ Title _____ Date _____
Conditions of approval, if any: