

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

2157
DP

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

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

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

WELL API NO.
30-015-26894

5. Indicate Type of Lease
STATE FEE

6. State Oil & Gas Lease No.
LH-1523

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.)

7. Lease Name or Unit Agreement Name
State 2

1. Type of Well:
OIL WELL GAS WELL OTHER

8. Well No.
1

2. Name of Operator
Pogo Producing Company

9. Pool name or Wildcat
Lost Tank Delaware

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

4. Well Location
Unit Letter P : 330 Feet From The South Line and 330 Feet From The East Line
Section 2 Township 22S Range 31E NMPM Eddy County

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

11. 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 ABANDONMENT
CASING TEST AND CEMENT JOB
OTHER: Add Perfs

12. 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.

5/11/93 Perf'd 5-1/2" csg 8073'-8120' 2 spf 120° spiral phasing w/ 4" csg gun. Acidize w/ 1500 gals 7-1/2% HCl NeFe. Frac perfs w/ 42,120# 20/40 Ottawa sand. Perfs 6992'-7016' & 8073'-8120' on production 5/15/93.

RECEIVED
JUL 30 12 40 PM '96

I hereby certify that the information above is true and complete to the best of my knowledge and belief.
SIGNATURE Barrett L. Smith TITLE Sr. Operations Engineer DATE 7/29/96
TYPE OR PRINT NAME Barrett L. Smith TELEPHONE NO. (915)682-6822

(This space for State Use) ORIGINAL SIGNED BY TIM W. GUM
DISTRICT II SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

AUG 12 1996