| Submit 3 Copies To Appropriate Dis Office  | trict State o                               | f New Me           | exico                  |                          | Form C-10                      |  |
|--|---|--------------------|------------------------|--------------------------|--------------------------------|--|
| District I<br>1625 N. French Dr., Hobbs, NM 882  | Energy, Minerals and Natural Resources      |                    |                        | WELL API NO.             | March 4, 20                    |  |
| District II  | OH COMPRIATION DUMOS                        |                    |                        | 30-025-37                |                                |  |
| 1301 W. Grand Ave., Artesia, NM 88<br>District III   | 1220 South St. Francis Dr.                  |                    |                        | 5. Indicate Type         |                                |  |
| 1000 Rio Brazos Rd., Aztec, NM 874   | 410   | Santa Fe, NM 87505 |                        |                          | X FEE                          |  |
| District IV<br>1220 S. St. Francis Dr., Santa Fe, NN<br>87505  |   | 1 0, 1111 0        | 303                    | 6. State Oil & C         | as Lease No.                   |  |
| SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A  |   |                    |                        | 7. Lease Name            | or Unit Agreement Name         |  |
| DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)  |   |                    |                        | Pluma 32 State           |                                |  |
| 1. Type of Well:   |   |                    |                        | 8. Well Number           |                                |  |
| Oil Well 🗵 Gas Well 🗌 Other  |   |                    |                        | 2                        |                                |  |
| 2. Name of Operator  |   |                    |                        | 9. OGRID Number          |                                |  |
| Pogo Producing Company   |   |                    |                        | 017891                   |                                |  |
| 3. Address of Operator P. O. Box 10340, Midland, TX 79702-7340   |   |                    |                        | 10. Pool name or Wildcat |                                |  |
| 4. Well Location   | Idiand, TX /9/02-/                          | 340                |                        | Anderson                 | Ranch Wolfcamp, N              |  |
|  |   |                    |                        |                          | ,                              |  |
| Unit Letter C  | : 660 feet from th                          | e Nort             | h line and             | 1980 feet fr             | om the <u>West</u> line        |  |
| Section  |   |                    | inge 32E               | NMPM Lea                 | County                         |  |
|  | 11. Elevation (Show)                        | whether DR         | RKB, RT, GR, etc.,     |                          |                                |  |
| Pit or Below-grade Tank Applicatio   | 4329 '                                      | osures a form      | C-144 must be attached | 4)                       |                                |  |
| Pit Location: ULSect   |   |                    |                        | <del>-</del>             | manual fractions will          |  |
|  | ter Below-grade Tank L                      |                    |                        |                          | nearest tresh water wen        |  |
|  | andfeet from the                            |                    |                        | Niig                     | oco ·                          |  |
|  |   |                    |                        |                          | SADOH                          |  |
| 10 01  | 1.4   |                    |                        |                          | .'NED_                         |  |
| IZ. Che  | eck Appropriate Box to I<br>F INTENTION TO: |                    |                        |                          | r Data 🦪 🔠 💮                   |  |
| PERFORM REMEDIAL WOR   |   | ח או               | SUB<br>REMEDIAL WOR    |                          | =PORTOF:<br>ALTERING CASING [  |  |
|  | . 2007/11/07/07/11/00                       | W                  | TEMEDIAL WOR           | · L                      | ALTERING CASING                |  |
| TEMPORARILY ABANDON  | ☐ CHANGE PLANS                              |                    | COMMENCE DRI           | LLING OPNS. 🔀            |                                |  |
| PULL OR ALTER CASING   | ☐ MULTIPLE                                  |                    | CASING TEST AN         | ID 🗆                     | ABANDONMENT                    |  |
|  | COMPLETION                                  |                    | CEMENT JOB             |                          |                                |  |
| OTHER:   | •   |                    | OTHER:                 | 1 2:1                    | ٦                              |  |
| 13. Describe proposed or   | completed operations. (Clear                | rly state all      | } ·                    |                          | _                              |  |
| of starting any propose  | ed work). SEE RULE 1103.                    | For Multin         | le Completions: Att    | ach wellhore dies        | res, including estimated (     |  |
| or recompletion.   | TO WORK, BEE ROLL 1105.                     | 1 or manap         | ic completions. At     | acii welloole diag       | gram or proposed comple        |  |
| •  | •   | •                  |                        |                          |                                |  |
|  |   |                    |                        |                          |                                |  |
| 02/20/05 Deille  | 11021 1 6 101 1                             | 6) T               | 1 11 0 4 51            |                          |                                |  |
| US/ZU/US Drille  | d 12" hole from 10' to 1                    | o. Lease           | noid @ 15'.            |                          |                                |  |
|  |   |                    |                        |                          |                                |  |
| hereby certify that the information to the beautiful that the beautifu | ation above is true and comp                | lete to the h      | est of my knowledge    | and belief I for-        | her certify that any nit or he |  |
| rade tank has been/will be construc  | ted or closed according to NMOC             | D guidelines [     | ], a general permit    | or an (attached) alter   | native OCD-approved plan       |  |
| SIGNATURE OHLY   | - Whilst                                    | TITLE              | Sr Eng Tech            | •                        | DATE 03/21/05                  |  |
| Tyma ar maint  | 7   |                    | c@pogoproduci          | ng.com                   | 432-685-8100                   |  |
| ype or print name Ca   | thy Wright                                  | E-mail ad          |                        |                          | Telephone No.                  |  |
| This space for State use)  | 0   |                    |                        |                          |                                |  |
| I DDDD OVED BY   | 1111  | <del></del>        | INTATIVE IVSTAF        | MANAGER                  |                                |  |
| APPPROVED BYConditions of approval, if any:  | 1 w. wing                                   | TITLE              | INTATIVE IVSTAF        | • V ∓                    | DATE                           |  |
| Significant of approval, it any:   | 1 OC FIEI                                   |                    |                        |                          | APR 0 4 2005                   |  |