

Submit 1 Copy To Appropriate District Office
 District I - (575) 393-6161
 1625 N. French Dr., Hobbs, NM 88240
 District II - (575) 748-1283
 811 S. First St., Artesia, NM 88210
 District III - (505) 334-6178
 1000 Rio Brazos Rd., Aztec, NM 87410
 District IV - (505) 476-3460
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
 Energy, Minerals and Natural Resources

Form C-103
 Revised July 18, 2013

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

HOBBS OCO
 AUG 31 2017
 RECEIVED

WELL API NO. 25-01036
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name STATE C AC 1
8. Well Number 003
9. OGRID Number 372000
10. Pool name or Wildcat SWD; Devonian

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 SWD

2. Name of Operator
Pogo Oil & Gas Operating, Inc

3. Address of Operator
1515 W Calle Sur, Suite 174, Hobbs, NM 88240

4. Well Location
 Unit Letter L : 1980 feet from the South line and 660 feet from the West line
 Section 2 Township 12S Range 33E NMPM Lea County

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

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

8.3.17-8.17.17 RU JWS. NU BOP. Release packer. TOH. Heavy CaCO₃ scale in tbg. LD bad tubing. TIH w/ csg scraper & bit to csg shoe. TOH. TIH w/ RBP & packer. Tested csg, tbg annulus @ various depths to 500#. All tested good. TOH w/ RBP & pkr. LD all tubing. Waited on new 2 7/8", L-80 PC tubing & new NC Arrowset 10K packer.

8.24.17-8.29.17 Picked up NC Arrowset 10K pkr and ~~10,338'~~ ^{10,808'} of Falcon coated 2 7/8", L-80 tbg. Circulated packer fluid. Set pkr @ 10,808' in compression. Loaded annulus w/ packer fluid. Tested for 32 min 350-330#. Test witnessed by NMOCD - Kerry Fortner. Chart attached. RD JWS. Hook well to SWD. Clean location.

AS PER ORDER
 PKR MUST RESET BELOW
 10,330'

Q.H. 11034-11370

SWD-1246

Spud Date:

Rig Release Date:

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

SIGNATURE [Signature] TITLE Agent DATE 08/30/2017

Type or print name M.Y. Merchant E-mail address: mymerch@penrocoil.com PHONE: 575-492-1236

APPROVED BY: Mary Brown TITLE AD/II DATE 9/6/2017

Conditions of Approval (if any): RBDMS - CHART - V

State of New Mexico
 Energy, Minerals and Natural Resources Department
 Oil Conservation Division Hobbs District Office

BRADENHEAD TEST REPORT

Operator Name POGO OIL & GAS Operating, INC		API Number 30-025-01036
Property Name STATE C AC 1		Well No. 003

7. Surface Location

UL - Lot L	Section 2	Township 12S	Range 33E	Feet from 1980	N/S Line S	Feet From 660	E/W Line W	County Lea
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Well Status

TA'D Well YES	SHUT-IN YES	INJECTOR INJ	PRODUCER OIL	GAS	DATE 8-29-17
<u>NO</u>	<u>NO</u>	<u>SWD</u>			

OBSERVED DATA

	(A)Surf-Interm	(B)Interm(1)	(C)Interm(2)	(D)Prod Csgng	(E)Tubing
Pressure	0	—	—	0	0
Flow Characteristics					Not DWJ
Puff	Y/N	Y/N	Y/N	Y/N	CO2 _____
Steady Flow	Y/N	Y/N	Y/N	Y/N	WTR _____
Surges	Y/N	Y/N	Y/N	Y/N	GAS _____
Down to nothing	Y/N	Y/N	Y/N	Y/N	If applicable type
Gas or Oil	Y/N	Y/N	Y/N	Y/N	fluid injected for
Water	Y/N	Y/N	Y/N	Y/N	Waterflood

Remarks: Please state for each string (A,B,C,D,E) pertinent information regarding bleed down or continuous build up if applies.

Signature: 	OIL CONSERVATION DIVISION
Printed name: M. J. Merchak	Entered into RBDMS
Title: Agent	Re-test
E-mail Address: mjmerch@penracoil.com	
Date: 8-29-17	Phone:
Witness: Kerry Fortner - OCD	

575-399-3221

PRINTED IN U.S.A.



DATE 9-29-17
BR 2221

START

POST WORKOVER MFT
POGO OIC + GAS OPERATING
START E.C. APC
30-025-01036

7
Soc # 71612-13
CAL 7-10-17
1000# GOMIN

START 350#
END 330#

32 MIN
Kerry Fort Mer = 05 D
Kerry Fort Mer = 05 D
(Casual)

