

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 OCD  
 JUN 08 2018  
 RECEIVED

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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 <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other INJECTOR <input checked="" type="checkbox"/>	WELL API NO. 30-025-11320 ✓ 5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> ✓ 6. State Oil & Gas Lease No.
2. Name of Operator POGO OIL & GAS OPERATING, LLC	7. Lease Name or Unit Agreement Name LANGLIE JAL UNIT ✓ 8. Well Number 5 ✓
3. Address of Operator 1515 CALLE SUR HOBBS, NM 88240	9. OGRID Number 372000 ✓ 10. Pool name or Wildcat LANGLIE MATTIX; 7R-Q-G
4. Well Location Unit Letter <u>B</u> : <u>990</u> feet from the <u>NORTH</u> line and <u>2310</u> feet from the <u>EAST</u> line Section <u>32</u> Township <u>24S</u> Range <u>37E</u> NMPM LEA County	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) GL 3267'	

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

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

4/9/2018 WITNESSED BY GARY ROBINSON-OCD. RAN MECHANICAL INTERGRITY TEST. PLEASE SEE ATTACHED CHART.

Spud Date:

Rig Release Date:

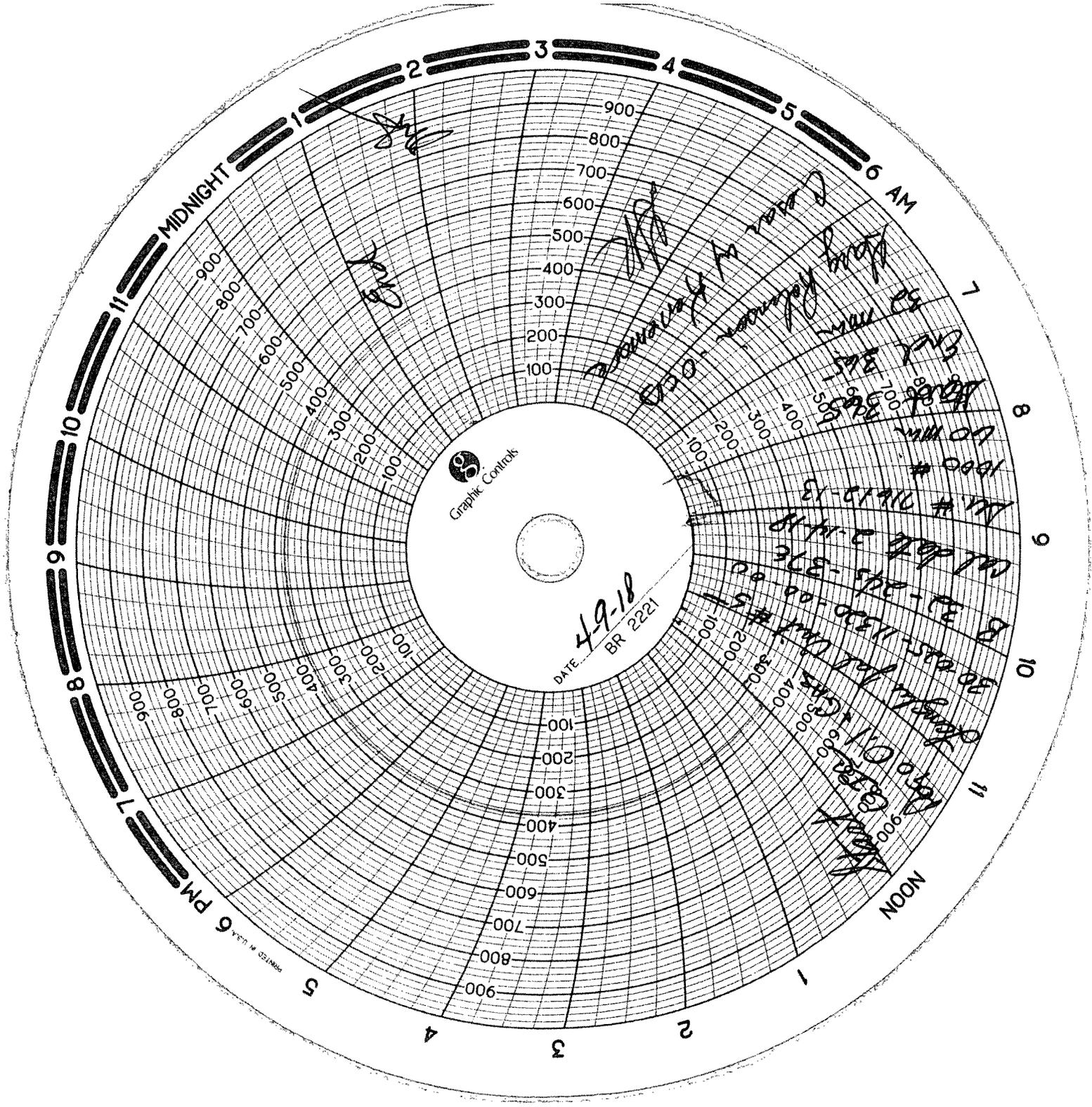
I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Theresa McCracken TITLE Field Admin DATE 6/8/18

Type or print name THERESA MCCRACKEN E-mail address: theresa@pogoresources.com PHONE: (575) 397-0267

**For State Use Only**

APPROVED BY: [Signature] TITLE Compliance Officer Supervisor DATE 6/11/18  
 Conditions of Approval (if any):



MIDNIGHT

6 AM

NOON

6 PM

Graphic Controls

DATE 4-9-18  
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