

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

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

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

## OIL CONSERVATION DIVISION

2040 Pacheco St.  
Santa Fe, NM 87505

WELL API NO.

30-025-34368

Indicate Type of Lease

STATE ☐

FEE ☐

State Oil & Gas Lease No.

Lease Name or Unit Agreement Name

Merit "33" State

Well No.

1

Pool name or Wildcat  
Wolfcamp

Samuel

### 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.)

Type of Well:

OIL  
WELL ☒

GAS  
WELL ☐

OTHER

Name of Operator  
Pogo Producing Company

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

Well Location

Unit Letter A : 990 Feet From The North Line and 990 Feet From The East Line

Section 33 Township 16S Range 33E NMPM Lea County

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 ANBANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: Add Additional Penn Perfs ☒

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.

10/04/98 Set CIBP @ 12,893'. Perf Wolfcamp 10,820'-838' (38 - .50" dia holes).

10/06/98 Acidize w/ 2300 gals Top Gun acid. Swab test.

10/08/98 Perf 10,802'-813' (11 - .50" dia holes), 10,766'-782' (16 - .50" dia holes), 10,706'-717' (11 - .50" dia holes).

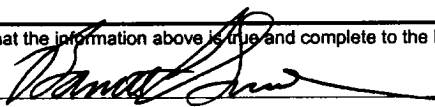
10/09/98 Acidize perfs w/ 8250 gals 15% HCL.

10/10/98 Swab test.

10/11/98 Run production equipment. Put well on pump.

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

SIGNATURE



TITLE Division Operations Engineer

DATE 10-30-98

TYPE OR PRINT NAME Barrett L. Smith

TELEPHONE NO. 915-685-8100

(This space for State Use)

OR COUNCIL OF DISTRICT SUPERVISORS  
DISTRICT SUPERVISOR

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

TC 20 Samuel Penn dp