Form 3160-5 (June 1990)

14. I hereby certify that the

(This space for Federal or State office use)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

RECEIVED

OCT - 4 1993

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

5. Lease Designation and Serial No.

NM-32411

Date 9-30-93

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir. Use "APPLICATION FOR PERMIT—" for such proposals		6. If Indian, Allottee or Tribe Name
	ONFIDENTIAL	7. If Unit or CA, Agreement Designation
I. Type of Well Oil Gas Well Other Other		8. Well Name and No.
2. Name of Operator Pogo Producing Company		East Livingston Ridge Unit #3
3. Address and Telephone No.		30-025-32149 10. Field and Pool, or Exploratory Area
P. O. Box 10340, Midland, TX 79702-7340 (915)682-6822 4. Location of Well (Footage, Sec., T., R., M., or Survey Description)		East Livingston Ridge Delaware
2130' FNL & 1980' FEL, Sec. 18, T22S, R32E		11. County or Parish, State Lea
2. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPOF	RT, OR OTHER DATA
TYPE OF SUBMISSION	TYPE OF ACTION	
Notice of Intent Subsequent Report Final Abandonment Notice	Abandonment Recompletion Plugging Back Casing Repair Altering Casing XX Other Casing Casing Casing Casing Casing	Change of Plans New Construction Non-Routine Fracturing Water Shut-Off Conversion to Injection Dispose Water (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)
MIRU Exeter Rig #66. Spud well @ 1430 hrs CDT 8-24-93. Drilled 17-1/2" hole to 700'. TD reached @ 1200 hrs CDT 8-25-93. Ran 17 jts_13-3/8", 54.5#, J-55 ST&C casing. TPGS @ 700'. IFV @ 658'. Howco cemented casing with 760 sx Halliburton Lite @ 12.4 ppg followed by 200 sx Premium Plus @ 14.8 ppg. Plug down @ 1830 hrs CDT 8-25-93. Recovered 200 sx excess cmt. WOC 21 hrs. Compressive strength of cement is greater than 500 psi after 8 hrs. Make cut-off. Weld on casing head. NU BOP's and test to 500 psi.		

Approved by ______ Title ______ Date ______ Conditions of approval, if any:

Division Operations Manager