

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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

**SUNDRY NOTICES AND REPORTS ON WELLS**

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

*SUBMIT IN TRIPLICATE*

1. Type of Well  
☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator  
Pogo Producing Company

3. Address and Telephone No.  
P. O. Box 10340, Midland, TX 79702-7340 (915)685-8100

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
860' FSL & 1980' FWL, Section 24, T22S, R32E

5. Lease Designation and Serial No.  
NM-81633

6. If Indian, Allottee or Tribe Name

7. If Unit or C.A. Agreement Designation

8. Well Name and No.  
**Red Tank 24 Fed #1**

9. API Well No.  
30-025-32326

10. Field and Pool, or Exploratory Area  
West Red Tank Delaware

11. County or Parish, State  
Lea County, NM

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☐ Notice of Intent  
☐ Subsequent Report  
☐ Final Abandonment Notice

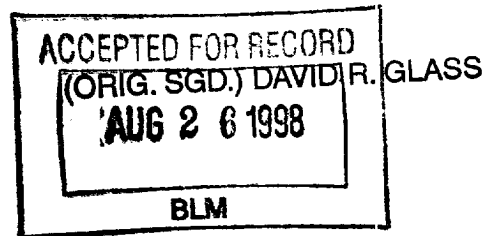
TYPE OF ACTION

- ☐ Abandonment  
☐ Recompletion  
☐ Plugging Back  
☐ Casing Repair  
☐ Altering Casing  
☐ Other
- ☐ 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.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

03/04/97 Set RBP @ 7900'. Perf Delaware 7330'-42' (24 - .50" dia holes).  
03/05/97 Acdz perms 7330'-42' w/ 1000 gals 7-1/2% HCL. Swab test.  
03/06/97 Swab test.  
03/07/97 Frac Delaware perms 7330'-42' w/ 23,000# 16/30 sand. Flow well back.  
03/08/97 Circ well clean. Swab test.  
03/10/97 Run production equipment. Put well on pump.



14. I hereby certify that the foregoing is true and correct

Signed David R. Glass Title Division Operations Engineer Date 08/19/98

(This space for Federal or State office use)

Approved by \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
Conditions of approval, if any: