

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

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  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

WELL API NO.

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

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

2. Name of Operator

Pogo Producing Company

3. Address of Operator

P. O. Box 10340, Midland, TX 79702-7340

4. Well Location

Unit Letter L : 2310 Feet From The South Line and 330 Feet From The West Line

Section

30

Township

22S

Range

33E

NMPM

Lea

County

10. 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 ☐

~~PLUG OR~~ ALTER CASING ☒

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

12. 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.

Pogo Producing Company respectfully request that the casing program for the above well be altered as shown below. This favorably affects our economics and should have no effect on production.

Hole Size	Csg Size Grade	Csg Wgt	Setting Depth	Sacks Cmt	TOC
14-3/4"	10-3/4" J	32.75	800'	700	circulated
9-7/8"	7-5/8" J	26.40	4650'	1375	circulated
6-3/4"	4-1/2" J&N	11.60	9100'	1025	TOC ± 3600'

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

SIGNATURE

*Richard L. Wright*

TITLE

Division Operations Manager

DATE 1/2/96

TYPE OR PRINT NAME

Richard L. Wright

(915)682-6822

TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

APPROVED BY

TITLE

DATE

JAN 04 1996