

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. Oil Cons. Division
P.O. Box 1980
Hobbs, NM 88241

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)
660' FNL & 1980' FWL, Section 25, T22S, R32E

5. Lease Designation and Serial No.
NM-2379

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.
Covington A Federal #16

9. API Well No.
30-025-33224

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

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 Add Delaware Perfs

- ☐ 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.)*

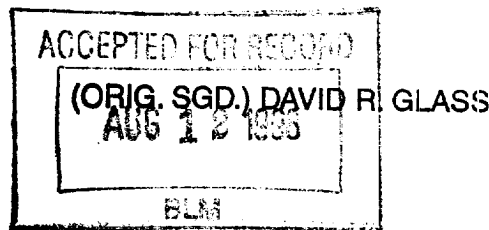
07/09/98 Set RBP @ 6543'. Perf Delaware 6304'-22' (36 - .38" dia holes). Acdz w/ 1000 gals 7-1/2% HCL. Swab test.

07/11/98 Frac w/ 86,000# 16/30 sand. Flow well back.

07/12/98 Circ clean.

07/14/98 Swab test.

07/16/98 Run production equipment. Put well on pump.



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

Signed David R. Glass
(This space for Federal or State office use)

Title Division Operations Engineer

Date 08/04/98

Approved by _____
Conditions of approval, if any:

Title _____

Date _____