

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<br><input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other | 5. Lease Designation and Serial No.<br>NM-2379                    |
| 2. Name of Operator<br>Pogo Producing Company  | 6. If Indian, Allottee or Tribe Name                              |
| 3. Address and Telephone No.<br>P. O. Box 10340, Midland, TX 79702-7340 (915)682-6822  | 7. If Unit or CA, Agreement Designation                           |
| 4. Location of Well (Footage, Sec., T., R., M., or Survey Description)<br>660' FNL & 1980' FEL, Section 25, T22S, R32E           | 8. Well Name and No.<br>Covington A Fed. #16                      |
|  | 9. API Well No.<br>30-025-33224                                   |
|  | 10. Field and Pool, or Exploratory Area<br>Red Tank Delaware West |
|  | 11. County or Parish, State<br>Lea County, NM                     |

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

| TYPE OF SUBMISSION                                    | TYPE OF ACTION                                    |  |
|---|---|--|
| <input type="checkbox"/> Notice of Intent             | <input type="checkbox"/> Abandonment              | <input type="checkbox"/> Change of Plans         |
| <input checked="" type="checkbox"/> Subsequent Report | <input type="checkbox"/> Recompletion             | <input type="checkbox"/> New Construction        |
| <input type="checkbox"/> Final Abandonment Notice     | <input checked="" type="checkbox"/> Plugging Back | <input type="checkbox"/> Non-Routine Fracturing  |
|   | <input type="checkbox"/> Casing Repair            | <input type="checkbox"/> Water Shut-Off          |
|   | <input type="checkbox"/> Altering Casing          | <input type="checkbox"/> Conversion to Injection |
|   | <input type="checkbox"/> Other                    | <input type="checkbox"/> 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.)\*

10/29/96 Set CIBP @ 8800'.

10/30/96 Perf Delaware 8647'-74' (55 - .38" dia holes). Acdz w/ 500 gals 7-1/2% HCL. Swab well.

11/3/96 Frac Delaware w/ 63,000# 16/30 sand. Flow well back.

11/4/96 Circ well clean. Swab test well.

11/6/96 Run production equipment. Put well on production.

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

Signed

*Danot Smith*

Title Senior Operations Engineer

Date 11/14/96

(This space for Federal or State office use)

Approved by

Conditions of approval, if any:

Title

Date

2A Red Tank  
Rene Sorino