

New Mexico Oil Conservation Division, District 1
1625 N. French Dr.
Hobbs, NM 88240

Form 3160-5
(June 1990)

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 797902-7340 (915)685-8100

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

1650' FNL & 1650' FEL, Section 25, T22S, R32E **G**

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 #14

9. API Well No.

30-025-33399

10. Field and Pool, or Exploratory Area

W, Red Tank Delaware

11. County or Parish, State

Lea County, NM

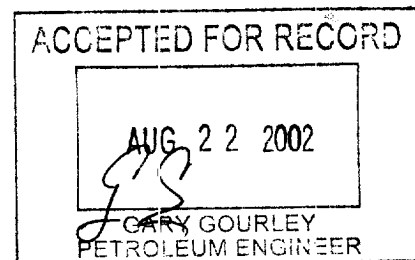
12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

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

07/24/02 TOH w/ rods, pump & tbq.
 07/25/02 Perf Delaware 6228-38, 6272-80, 6360-66 w/ 1 jsf. TIH w/ RBP & set @ 7006'. Test to 3000# ok.
 07/26/02 Acdz 6228-6366 (OA) w/ 1000 gals 7-1/2% acid. Swab.
 07/27/02 Frac 6228-6366 (OA) w/ 52,000# 16/30 white sand + 49,500# SLC
 08/02/02 Return well to production.



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

Signed Cathy Lambert

Title Sr. Operation Tech

Date 08/12/02

(This space for Federal or State office use)

Approved by

Conditions of approval, if any:

Title

Date

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

GWW

*See Instruction on Reverse Side