

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
2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO. 30-025-33580
Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
State Oil & Gas Lease No. V-3527
Lease Name or Unit Agreement Name Red Tank 31 State
Well No. 1
Pool name or Wildcat West Red Tank Delaware

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.)	
Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	
Name of Operator Pogo Producing Company	
Address of Operator P. O. Box 10340, Midland, TX 79702-7340	
Well Location Unit Letter M : 330 Feet From The South Line and 330 Feet From The West Line Section 31 Township 22S Range 33E NMPM Lea County	
Elevation (Show whether DF, RKB, RT, GR, etc.)	

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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 ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ANBANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: Plug back 1st Bone Spring to Delaware ☒

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.

06/24/98 Set CIBP @ 8900'. Perf Delaware 8550'-66' (34 - .38" dia holes).

06/25/98 Acdz Delaware w/ 1000 gals 7-1/2% HCL. Swab back load.

06/27/98 Frac Delaware w/ 85,000# 16/30 sand. Flow well back.

06/30/98 C/O sand w/ bailer to CIBP @ 8900'. Swab test.

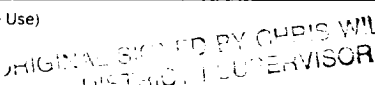
07/02/98 Run production equipment. Put well on pump.

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

SIGNATURE  TITLE Division Operations Engineer DATE 08-19-98

TYPE OR PRINT NAME Barrett L. Smith TELEPHONE NO. (915)685-8100

(This space for State Use)

APPROVED BY  TITLE DISTRICT SUPERVISOR

CONDITIONS OF APPROVAL, IF ANY: DATE SEP 10 1998