Submit 3 Copies to Appropriate District Office

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

Form C-103
Revised 1-1-89

WELL API NO.
30-025-33069

5. Indicate Type of Lease STATE [X] FEE [ ]

6. State Oil & Gas Lease No.
V-3430

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.)

7. Lease Name or Unit Agreement Name
Tomahawk Unit

1. Type of Well:
OIL WELL [X] GAS WELL [ ] OTHER

2. Name of Operator
Pogo Producing Company

8. Well No.
1

3. Address of Operator
P. O. Box 10340, Midland, TX 79702-7340

AUG 05 1996

9. Pool name or Wildcat
E. Bilbrey Delaware

4. Well Location
Unit Letter L : 2011 Feet From The South Line and 660 Feet From The West Line

Section 31 Township 21S 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:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	[ ]	PLUG AND ABANDON	[ ]	REMEDIAL WORK	[ ]	ALTERING CASING	[ ]
TEMPORARILY ABANDON	[ ]	CHANGE PLANS	[ ]	COMMENCE DRILLING OPNS.	[ ]	PLUG AND ABANDONMENT	[ ]
PULL OR ALTER CASING	[ ]			CASING TEST AND CEMENT JOB	[ ]		
OTHER:	[ ]			OTHER: Add Perfs			[ ]

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.

Perf'd 5-1/2" csg (9/25/95) 8970'-8983' 2 spf 120° spiral phasing. Acidize w/ 1000 gals 15% HCl NeFe. Swab test. Abandon upper Bone Spring perfs w/ CIBP set @ 8950' 9/28/95. No production.

JUL 30 12 47 PM '96

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

SIGNATURE Barrett L. Smith TITLE Sr. Operations Engineer DATE 7/29/96

TYPE OR PRINT NAME Barrett L. Smith (915)682-6822 TELEPHONE NO.

(This space for State Use)

APPROVED BY TITLE DATE

CONDITIONS OF APPROVAL, IF ANY: