

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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

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

WELL API NO.

30-025-33069

5. Indicate Type of Lease

STATE ☒

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.)

1. Type of Well:

OIL
WELL ☒

GAS
WELL ☐

OTHER

2. Name of Operator

Pogo Producing Company

CONFIDENTIAL

3. Address of Operator

P. O. Box 10340, Midland, TX 79702-7340

7. Lease Name or Unit Agreement Name

Tomahawk Unit

8. Well No.

1

9. Pool name or Wildcat

Wildcat 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.)

3714' GR

11. 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 ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

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.

9/26/95 Perforate Bone Springs 8970'-8983' (26 - .50" dia holes).

9/27/95 Acidize Bone Springs w/ 1000 gals 15% HCl. Swab test.

9/29/95 Set CIBP @ 8950'. Perf Delaware 8582'-93' (22 - .50" dia holes).
Acidize w/ 1000 gals 7-1/2% HCl. Swab test.

10/3/95 Perforate Delaware 8708'-20' (24 - .50" dia holes). Acidize w/ 1000
gals 7-1/2% HCl. Swab test.

10/4/95 Frac perfs 8708'-20' w/ 32,860# 20/40 sand.

10/11/95 Run production equipment. Put on pump and test Delaware.

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

SIGNATURE Barrett L. Smith TITLE Senior Operations Engineer DATE 12/1/95

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

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

DEC 07 1995

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

255 78 10

