

H. M. STUBBS, JR.
P. O. BOX 10340
HOBBS, NEW MEXICO 88240

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 Form 9-331-C for such proposals.)

1. oil ☐ gas ☒ other ☐

2. NAME OF OPERATOR
Pogo Producing Company

3. ADDRESS OF OPERATOR
P.O. Box 10340 Midland, Texas 79702

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1980' FSL & 1980' FWL
AT TOP PROD. INTERVAL: 1980' FSL & 1980' FWL
AT TOTAL DEPTH: 1980' FSL & 1980' FWL

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) ☐

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(NOTE: Report results of multiple completion or zone change on Form 9-330.)

5. LEASE
NM 14160
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Mosbacher 20
9. WELL NO.
1
10. FIELD OR WILDCAT NAME
Wildcat
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 20, T-26-S, R-34-E
12. COUNTY OR PARISH 13. STATE
Lea New Mexico
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
3350' GR, 3377' KDB

17. 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.)*

8/29/85 - Installing temporary test facilities to flow and evaluate well.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED [Signature] TITLE Petroleum Engineer DATE 8/29/85

(This space for Federal or State office use)

APPROVED BY ACCEPTED FOR RECORD TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY

[Signature]
SEP 3 1985

*See Instructions on Reverse Side

CARLSBAD, NEW MEXICO

RECEIVED

SEP -9 1985

O.C.D.
HCRBS OFFICE