

N. M. OIL CONS. COMMISSION
UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Form Approved.
Budget Bureau No. 42-R1424

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 ☐ well gas ☒ well 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 & 660' FWL
AT TOP PROD. INTERVAL: 1980' FSL & 660' FWL
AT TOTAL DEPTH: 1980' FSL & 660' FWL
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

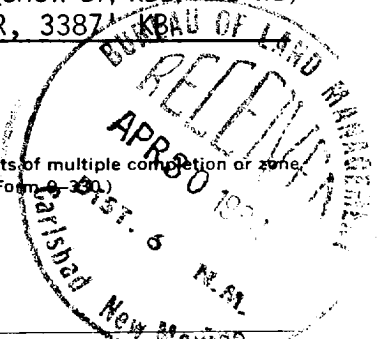
- TEST WATER SHUT-OFF ☐
- FRACTURE TREAT ☐
- SHOOT OR ACIDIZE ☐
- REPAIR WELL ☐
- PULL OR ALTER CASING ☐
- MULTIPLE COMPLETE ☒
- CHANGE ZONES ☒
- ABANDON* ☐
- (other) ☐

SUBSEQUENT REPORT OF:

- ☐
- ☐
- ☐
- ☐
- ☐
- ☐
- ☐
- ☐

5. LEASE
NM 19453
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Federal 53 "COM"
9. WELL NO.
1
10. FIELD OR WILDCAT NAME
Wildcat
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 17, T-26-S, R-34-E
12. COUNTY OR PARISH
Lea
13. STATE
New Mexico
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
3360.6' GR, 3387'

(NOTE: Report results of multiple completion or zone change on Form 9-331.)



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.)*

Set EZ drill cement retainer at 15,350' and cement squeeze perforations 15,422'-15,428' with 100 sxs C1 H cement.

Perforate 5" liner at 15,232'-15,238' (8 shots) and cement squeeze perforations w/100 sxs C1 H cement.

Break down existing perforations 12,936'-12,942' w/acid and cement squeeze perforations.

Perforate Crittendon formation 15,242'-15,250' and test.

(Approved by Bob Pitschke by phone 4/27/84)

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

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

SIGNED *W. Williams* Division Operations Manager DATE 4/27/84

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

