

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENTOil Cons.  
N.M. DIV-Dist. 2  
1301 W. Grand Avenue  
Artesia, NM 88210FORM APPROVED  
OMB No. 1004-0135  
Expires November 30, 2000**SUNDRY NOTICES AND REPORTS ON WELLS**  
Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.**SUBMIT IN TRIPLICATE - Other Instructions on reverse side**

## 1. Type of Well

☐ Oil Well ☐ Gas Well ☒ Other

## 2. Name of Operator

AGHORN OPERATING, Inc

## 3a. Address

P.O. Box 12663 ODESSA TX 79768

## 3b. Phone No. (include area code)

(432) 550-0804

## 4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

1650' FSL + 1650' FEL UNIT R  
SECTION 3, T-16-S, R-31-E

RECEIVED

JUN 14 2004

OOP-ARTESIA

Lease Serial No.

NMNM 04421

6. If Indian, Allottee or Tribe Name

7. If Unit or CA/Agreement, Name and/or No.

NMNM 71003X

8. Well Name and No.

NE SQUARE LAKE PREMIER UNIT #2

9. API Well No.

30 015 04793

10. Field and Pool, or Exploratory Area

NE SQUARE LAKE

11. County or Parish, State

EDDY NM

## 12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input checked="" type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recompleate horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleation in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

TEMPORARILY ABANDON WELLBORE FOR FUTURE USE AS WIN IN SECONDARY RECOVERY

1. POOH w/ INJECTION STRING AND PACKER.

2. RIH w/ CIBP AND WORKSTRING.

3. SET CIBP AT . TEST CASING TO 500 PSI.

A. IF TEST OKAY, CIRCULATE HOLE WITH INHIBITED WATER. SECURE WELLHEAD

B. IF TEST FAILS, SUBMIT REVISED FORM 3160-5 FOR P.A.

4. CLEAN LOCATION.

NOTE: TA WELL ALLOWS FUTURE OPERATOR TO REENTER AND RETURN TO INJECTION ECONOMICALLY. PLUG AND ABANDONMENT RESULTS IN LOST RESERVES AND FUTURE REVENUE.

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

Name (Printed/Typed)

Frosty Gilliam, Jr.

Title PRESIDENT

Signature

*Frosty Gilliam, Jr.*

Date

5/11/04

APPROVAL SUBJECT TO

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

GENERAL REQUIREMENTS AND

SPECIAL STIPULATIONS ATTACHED

Approved by

Title

Date

Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Office

Accepted for record - NMOCD