

Oil Cons.  
N.M. DIV-Dist. 2  
1301 W. Grand Avenue  
Artesia, NM 88210

FORM 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)

1450' FSL + 2310' FWL UNIT 5  
SECTION 3, T-14-S, R-31-E

5. Lease Serial No.

NMNM04421

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 #3

9. API Well No.

3001504794

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 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 checked="" 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 checked="" type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	RETURN TO INJECTION
	<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 recomple 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 recomple 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.)

RETURN WELL TO ACTIVE WATER INJECTION WELL

1. RHT w/ SLICKLINE TO T.D. ENCOUNTERED NO OBSTRUCTIONS.
2. TESTED INJECTION LINES TO 1000 PSI. OKAY.
3. REPLACED METER AT WELL HEAD.
4. RETURNED WELL TO INJECTION.

ACCEPTED FOR RECORD

JUN 10 2004

LES BABYAK

PETROLEUM ENGINEER

NOTE: THIS WORK WAS DONE IN JANUARY 2002 BUT PAPERWORK FILED DATE STATE.

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

Name (Printed/Typed)

Frosty Gilliam, Jr.

Title

PRESIDENT

Signature

*[Signature]*

Date

5/11/04

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

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.

Title

Date

Office

Accepted for record - NMOCED

Submit 3 Copies To Appropriate District Office

District I

1625 N. French Dr., Hobbs, NM 88240

District II

1301 W. Grand Ave., Artesia, NM 88210

District III

1000 Rio Brazos Rd., Aztec, NM 87410

District IV

1220 S. St. Francis Dr., Santa Fe, NM

87505

State of New Mexico

Energy, Minerals and Natural Resources

**WATER CONSERVATION DIVISION**

1220 South St. Francis Dr.

Santa Fe, NM 87505

Form C-103

Revised March 25, 1999

WELL API NO.

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name:

*Northeast Square Lake Unit*

8. Well No.

*3*

9. Pool name or Wildcat

*NE Square Lake*

**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 *Injection*

2. Name of Operator

*AGHORN OPERATING, Inc*

3. Address of Operator

*P.O. Box 12663 ODESSA TEXAS 79768*

4. Well Location

Unit Letter \_\_\_\_\_ : \_\_\_\_\_ feet from the \_\_\_\_\_ line and \_\_\_\_\_ feet from the \_\_\_\_\_ line

Section

Township

Range

NMPM

County

10. Elevation (Show whether DR, RKB, RT, GR, etc.)

**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 ☐ MULTIPLE COMPLETION ☐

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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.

*Rth w/ slickline to T.D. No obstructions. Test injection lines to 1000 psi. okay. Replace meter at well head. Return well to injection.*

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

SIGNATURE

*F. J. Gilliam*

TITLE

*President*

DATE *1/30/02*

Type or print name

*Frosty Gilliam, Jr.*

Telephone No. *915 550-08*

(This space for State use)

*Compliance officer 2-7-02*

DATE