Submit 3 Copies to Appropriate District Office

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

State of New Mexico
Energy, Minerals and Natural Resources Department

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

Form C-103
Revised 1-1-89

WELL API NO.
30-045-29076

5. Indicate Type of Lease STATE [X] FEE [ ]

6. State Oil & Gas Lease No.

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.)

7. Lease Name or Unit Agreement Name
West Bisti State 36-26-13
Change to:
West Bisti State 26-13-36

1. Type of Well: OIL WELL [ ] GAS WELL [X] OTHER

2. Name of Operator
SG INTERESTS I LTD (20572)

8. Well No.
#2

3. Address of Operator
PO Box 338, Ignacio, CO 81137 (303) 563-4000

9. Pool name or Wildcat
Basin Fruitland Coal (71629)

4. Well Location
Unit Letter M : 1192 Feet From The South Line and 819 Feet From The West Line

Section 36 Township 26N Range 13W NMPM San Juan County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
1365'

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK [ ]	PLUG AND ABANDON [ ]	REMEDIAL WORK [ ]	ALTERING CASING [ ]
TEMPORARILY ABANDON [ ]	CHANGE PLANS [ ]	COMMENCE DRILLING OPNS. [ ]	PLUG AND ABANDONMENT [ ]
PULL OR ALTER CASING [ ]		CASING TEST AND CEMENT JOB [ ]	
OTHER: [ ]		OTHER: Change well numbering on well name [X]	

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.

Based on the numbering system we have been using, we incorrectly numbered the well name for this well.

SG is requesting approval to change the well name from W. Bisti State 36-26-13 #2 to the West Bisti State 26-13-36 #2.

RECEIVED
JUL 19 1994
OIL CON. DIV.
DIST. 3

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

SIGNATURE Marcia McCracken TITLE Production Technician DATE July 18, 1994

TYPE OR PRINT NAME Marcia McCracken TELEPHONE NO. (303) 563-4000

(This space for State Use)

APPROVED BY Original Signed by FRANK T. CHAVEZ TITLE [illegible] DATE JUL 19 1994

CONDITIONS OF APPROVAL, IF ANY: