Submit 3 Copies to Appropriate District Office

DISTRICT II

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

DISTRICT I	
P.O. Box 1980, Hobbs, NM	88240

OIL CONSERVATION DIVISION P.O. Box 2088

WELL API NO. 30-045-29076 Santa Fe, New Mexico 87504-2088

P.O. DRWEY DD., ATEERS, NM. \$8210	5. Indicate Type of Lease			
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	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 DIFFERENT RESERVOR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	7. Lease Name or Unit Agreement Name WEST BISTI, 26-13-36			
I. Type of Well: Oil. OIL WELL X OTHER	ر (15376) مارين			
2 Name of Operator SG INTERESTS I LTD	8. Well No. #2			
PO Box 338, Ignacio, CO 81137	9. Pool name or Wildcat Basin Fruitland Coal (71629)			
4. Well Location Unit Letter M: 11.92 Feet From The South Line and 8	319 Feet From The West Line			
Section 36 Township 26N Range 13W 10. Elevation (Show whether DF, RKB, RT, GR, according to the section of the				
Of the Notice of Notice Notice OF INTENTION TO:	e, Report, or Other Data SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR	K ALTERING CASING			
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRI	LLING OPNS. X PLUG AND ABANDONMENT			
PULL OR ALTER CASING CASING TEST AN	ND CEMENT JOB			

PERFORM REMEDIAL WORK	PLUG AND ABANDON		REMEDIAL WORK		ALTERING CASIN	.G	
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DRILLING OPNS.	\square	PLUG AND ABAN	DONMENT	· 🗆
PULL OR ALTER CASING			CASING TEST AND CEMENT JO	в			
OTHER:			OTHER:				
12. Describe Proposed or Completed Operation work) SEE RULE 1103.	as (Clearly state all pertinent o	lesails, an	d give pertinent dates, including estimat	led date of	starting any proposi	ed	 -
This well was spudded clean. RU & rn 4 jts Pmp 10 BW; followed by ft). Displace w/4.3 B noon 11/28/94. WOC.	7"23# 8rd ST&C cs	sg (1:	23.90');	' KB. sk Ce	RU cemente 11oflake (7	ers. 4.1 cu	
'					EGETY Nov a u tec		
				O I:	l Com. i Det. a	UIV.	
I hereby certify that the information above is true SIGNATURE MURICAN TO	and complete to the best of my know	í	beld. Production Technici	an .	Novem	ber 29,	, 1994
TYPEOR PROTINGE Marcia McCr	acken				TELEPHONE NO.	(303)56	53 - 400
(This space for State Use) Original Signed by FRA	L T CHAVET		SUPERVISOR DISTRIC	£3.	Nov	3 O 1	1994
APPROVED BY YES CEVOREN	R. I. CHAVEZ	— п	TLE		DATE		1774
CONDITIONS OF APPROVAL, IF ANY:							