

Submit 3 Copies
to Appropriate
District Office

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

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

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

WELL API NO.
30-045-28452

5. Indicate Type of Lease
STATE ☐ 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.)

1. Type of Well:
OIL WELL ☐ GAS WELL ☒ OTHER

2. Name of Operator
SG Interests I, Ltd.

3. Address of Operator
P. O. Box 421, Blanco, NM 87412-0421

4. Well Location
Unit Letter K : 1875 Feet From The South Line and 540 Feet From The West Line

Section 18 Township 29N Range 9W NMPM San Juan County

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

5558' GL, 5568' RKB

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 ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: DIST. 3 ☐

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: Initial Potential Test ☒

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.

INITIAL POTENTIAL TEST: (Gas Well)
Actual Production Test: 326 MCFPD
Length of Test: 24 Hours
Bbls of Condensate/MMCF 15 BCPD (52.5 Gravies of Condensate) 0 BWPD
Testing Method: Choke Nipple
Pressures: SITP 540 psi, SICP 540 psi, FTP 60 psi, FCP 160 psi
Choke Size: 1/2" Choke
Well Status: Producing - 1st Delivered 3-10-92

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

SIGNATURE Carrie A. Baze TITLE Agent DATE 3/12/92
(915)
TYPE OR PRINT NAME Carrie A. Baze TELEPHONE NO. 694-6107

(This space for State Use)

APPROVED BY Original Signed by FRANK T. CHAVEZ TITLE SUPERVISOR DISTRICT # 3 DATE MAR 16 1992
CONDITIONS OF APPROVAL, IF ANY: