Form C-103 State of New Mexico Submit 3 Copies Revised 1-1-89 **Energy, Minerals and Natural Resources Department** to Appropriate WELL API NO. District Office OIL CONSERVATION DIVISION 30-045-28845 DISTRICT 1 P. O. Box 2088 5. Indicate Type of Lease P.O. Drawer 1980, Hobbs, NM 88240 Santa Fe, New Mexico 87504-2088 DISTRICT II FEE X STATE P. O. Drawer DD, Artesia, NM 88210 6. State Oil & Gas Lease No. DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) 1. Type of Well: **KUTZ 29-9-19** GAS OTT. OTHER WELL WELL X 8. Well No. 2. Name of Operator SG INTERESTS I, LTD. 9. Pool Name or Wildcat 3. Address of Operator **BASIN FRUITLAND COAL** P. O. BOX 421, BLANCO, NM 87412-0421 4. Well Location **EAST** 2500 NORTH Line and Feet From The Line Unit Letter G Feet From The **SAN JUAN** NMPM County 19 Township 29N Range Section 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 5624' GR Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. SUBSEQUENT REPORT OF: **NOTICE OF INTENTION TO:** ALTERING CASING PLUG AND ABANDONMENT REMEDIAL WORK PERFORM REMEDIAL WORK TEMPORARILY ABANDONMENT **CHANGE PLANS** COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT CASING TEST AND CEMENT JOB **PULL OR ALTER CASING** INITIAL POTENTIAL/let DELIVERY OTHER 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. **INITIAL POTENTIAL TEST:** 4/28/93 DATE OF TEST: **ACTUAL PRODUCTION TEST - MCF/D:** 740 MCFPD **24 HOURS** LENGTH OF TEST: 0 BCPD BBLS. CONDENSATE/MMCF: **GRAVITY OF CONDENSATE:** 0 BWPD **BBLS OF WATER: CHOKE NIPPLE** TESTING METHOD (pilot, back pr.): FLOWING TUBING PRESSURE: 440 psi **FLOWING CASING PRESSURE** 620 psi 620 pei **SHUT-IN TUBING PRESSURE** SHUT-IN CASING PRESSURE 620 psi **CHOKE SIZE:** 

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

**WELL STATUS:** 

SIGNATURE CARRIE A. BAZE

TITLE AGENT DATE 5/04/93

TYPE OR PRINT NAME CARRIE A. BAZE

TELEPHONE (915) 694-6107

(This space for State Use)

TITLE UPERVISOR DISTRICT # 3

PRODUCING - 1st DELIVERY 4/28/93

DATE MAY 0 6 1993