

Submit 3 Copies  
to Appropriate  
District Office

DISTRICT 1

P.O. Drawer 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. <b>30-045-28710</b>
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name <b>COHN 29-10-25</b>
8. Well No. <b>1</b>
9. Pool Name or Wildcat <b>BASIN FRUITLAND COAL</b>

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	
2. Name of Operator <b>SG INTERESTS I, LTD.</b>	
3. Address of Operator <b>P. O. BOX 421, BLANCO, NM 87412-0421</b>	
4. Well Location Unit Letter <b>A</b> : <b>905</b> Feet From The <b>NORTH</b> Line and <b>1060</b> Feet From The <b>EAST</b> Line Section <b>25</b> Township <b>29N</b> Range <b>10W</b> NMPM <b>SAN JUAN</b> County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) <b>5556' GL, 5569' KB</b>	

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDONMENT ☐  
TEMPORARILY ABANDONMENT ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐  
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐  
CASING TEST AND CEMENT JOB ☐  
OTHER ☒ INITIAL POTENTIAL/1st DELIVERY

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:

DATE OF TEST:	5/13/93
ACTUAL PRODUCTION TEST - MCF/D:	179 MCFPD
LENGTH OF TEST:	24 HOURS
BBLS. CONDENSATE/MMCF:	0 BCPD
GRAVITY OF CONDENSATE:	-
BBLS OF WATER:	0 BWPD
TESTING METHOD (pilot, back pr.):	ORIFICE
FLOWING TUBING PRESSURE:	180 psi
FLOWING CASING PRESSURE	210 psi
SHUT-IN TUBING PRESSURE	320 psi
SHUT-IN CASING PRESSURE	340 psi
CHOKE SIZE:	1"
WELL STATUS:	PRODUCING - 1st DELIVERY 5/13/93

**RECEIVED**  
MAY 21 1993  
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 Carrie A. Baze TITLE AGENT DATE 5/18/93  
TYPE OR PRINT NAME CARRIE A. BAZE TELEPHONE (915) 694-6107

(This space for State Use)

APPROVED BY Original Signed by FRANK I. CHAVEZ TITLE SUPERVISOR DISTRICT # 3 DATE MAY 21 1993  
CONDITIONS OF APPROVAL, IF ANY: