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!

OIL CONSERVATION DIVISION

P.O. Box 1980, Hoods, NM 88240	P.O. Box 2088		30-0	045-28745
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mexico 87504-2088		5. Indicate Type of Lease	
DISTRICT III				STATE FEE X
1000 Rio Brazos Rd., Aztec, NM 87410			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"			7. Lease Name or	Unit Agreement Name
1. Type of Well:	101) FOR SUCH PROPOSALS.)		Chavez	29-10-23
OIL GAS WELL X	OTHER			
2. Name of Operator SG Interests I, Ltd.			8. Well No.	2
3. Address of Operator			9. Pool name or W	
P. O. Box 421, Blan	co, NM 87412-0421			Fruitland Coal
4. Well Location Unit Letter K: 1350	Feet From The South	Line and1660	Feet From	The West Line
Section 23	Township 29N Range	10W N	IMPM Sa	an Juan County
	10. Elevation (Show whether DF., 591' GL, 50	RKB, RT, GR, etc.) 604 'KB		
11. Check A	Appropriate Box to Indicate Nati		port, or Other	Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:				
PERFORM REMEDIAL WORK	PLUG AND ABANDON RE	EMEDIAL WORK		ALTERING CASING
EMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT				
PULL OR ALTER CASING	C	ASING TEST AND CEA	MENT JOB X	
OTHER:		THER:		
12. Describe Proposed or Completed Operation work) SEE RULE 1103.	ons (Clearly state all pertinent details, and giv	ve pertinent dates, includi	ng estimated date of	starting any proposed
Spud Date:	9/13/92 @ 2:00 PM.			The state of the s
Hole Size:	12 1/4"			SEP1 3 1992
Casing:	6 Jts (258') 8 5/8", 23#, X4265, Casing set @ 270'. Old Cold Old Old Old Old Old Old Old Old Old O			
Cement:	195 sx Class B w/290 (1.19 Yield/232 cu ft). Circ 10 bbls cement to surface.			
Pressure Test:	Pressure Test BOP Stack & Float equipment to 600 psi - Held OK			
	Presssure Test Casing to	o 600 psi -	Held OK.	
I hereby certify that the information above is true	and complete to the best of my knowledge and belief.			
SIGNATURE Gassie	a. 3azz mue _	Agent	· · / †============	9/15/92 — DATE ————————————————————————————————————
TYPE OR PRINT NAME Carri	e A. Baze	(915)	694-6107	TELEPHONE NO.
(This space for State Use)				
\p	ANN T CUANDS		STRICT#3	SEP 18 1992