State of New Mexico Submit 3 Copies Form C-103 to Appropriate District Office Energy, Minerals and Natural Resources Department Revised 1-1-89 OIL CONSERVATION DIVISION DISTRICT I WELL API NO. P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088 30-045-28790 Santa Fe, New Mexico 87504-2088 P.O. Drawer DD, Artesia, NM 88210 5. Indicate Type of Lease FEE X STATE 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 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) LDS 29-10-31 1. Type of Well: WELL X OF L OTHER 2. Name of Operator 8. Well No. SG Interests I, Ltd. 3. Address of Operator 9. Pool name or Wildcat Basin Fruitland Coal P. O. Box 421, Blanco, NM 87412-0421 4. Well Location 1075 Feet From The North 825 East Unit Letter Feet From The 31 29N 10W San Juan Section Township Range NMPM 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 5579' GL, 5592' KB Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIA REMEDIAL WORK ALTERING CASING TEMPORARILY ABAN COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT **PULL OR ALTER CASING** CASING TEST AND CEMENT JOB X NV. DIV. 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. Spud Date: 10-25-92 @ 2:00 PM 12 1/4" Hole Size: 6 Jts (254') 8 5/8", 23#, X42LS, Casing set @ 266', Guide Shoe @ Casing: 266', Insert Float, 3 Centralizers @ 246', 106', & 86'. 200 sx Class B w/2% CaCl (1.18 Yield/118 cu ft). Cement: Circ 14 bbls cement to surface. Pressure Test: Pressure Test BOP Stack & Float Equipment to 600 psi - Held OK. Pressure Test Casing to 600 psi - Held OK.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.					
SIGNATURE	Carrie a. Bay	TITLE	Agent	DATE 10/28/92	
TYPE OR PRINT NAME	Carrie A. Baze		(915) 694-6107	TELEPHONE NO.	_
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TITLE

(This space for State Use)

Original Signed by FRANK T. CHAVEZ

SUPERVISOR DISTRIBLE A

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