Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form	C	-10	3
Revie	d	1-1	-89

DISTRICT I P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION

P.O. Box 2088

DISTRICT II

Santa Fe, New Mexico 87504-2088

30-045-27841		
Indicate Type of Lease	FEE	X

WELL API NO.

P.O. Drawer DD, Artesia, NM 88210	·			2. Indicate Type	STATE FEE X
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410				6. State Oil & G	
SLINDRY NOTIC	ES AND REPORTS ON	WELLS			
(DO NOT USE THIS FORM FOR PROP DIFFERENT RESERVE	OSALS TO DRILL OR TO DEE DIR. USE "APPLICATION FOR 11) FOR SUCH PROPOSALS.)	PEN OR PLUG BA	CK TO A	7. Lease Name o	r Unit Agreement Name
1. Type of Well: OIL GAS WELL X	OTHER			State (Gas Com "CB"
2. Name of Operator SG Interests I, Ltd.				8. Well No.	. 3
3. Address of Operator				9. Pool name or	
P. O. Box 421, Blance	o, NM 87412-0421			Basin 1	Fruitland Coal Gas
4. Well Location Unit Letter N : 1180	Feet From The South	Line an	1500	Feet Fro	m The West Line
Section 32	Township 30N	Range 9W	NI	MPM .	San Juan County
	10. Elevation (Show wh 5738	ether DF, RKB, RT, C			
11. Check Ap	propriate Box to Indica	ate Nature of N	Notice, Rep	ort, or Othe	er Data
NOTICE OF INTE	ENTION TO:		SUBS	EQUENT	REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL	WORK		ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENC	COMMENCE DRILLING OPNS. X PLUG AND ABANDONMENT		
PULL OR ALTER CASING		CASING TE	ST AND CEM	ENT JOB X	
OTHER:	[OTHER:		E.	7802864
12. Describe Proposed or Completed Operation work) SEE RULE 1103.	ns (Clearly state all pertinent deta	ils, and give pertinent	t dates, includir	ng estimated day	starting any proposed SEP2 41992
Spud Date:	9-15-92 @ 3:15 PM	•			OIL CON. DIV
Hole Size:	12 1/4"				DIST, 8
Casing:	6 Jts (240') 8 5/8 Guide Shoe @ 252' & 152'.		_		
Cement:	200 sx Class B w/Circ 8 bbls cemen			1/238 cu f	t).
Pressure Test:	Pressure Test BOP	Stack & Flo	oat Equip	ment to 6	00 psi - Held OK.
	Pressure Test Cas	ing to 600 p	osi - Hel	ld OK.	
I hereby certify that the information above is true as	id complete to the best of my knowled				0/21/02
SIONATURE Carrie a.	Bay	_ TTILE	Agent		DATE9/21/92
TYPEOR PRINT NAME Carrie	A. Baze	((915) 694	4-6107	TELEPHONE NO.

(This space for State Use)

Original Signed by CHARLES GHOLSON

DEPUTY DH. & GAS INSPECTOR, DIST. #3

CONDITIONS OF AFPROVAL, IF ANY: