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 I P.O. Box 1980, Hobbs, NM 88240 P.O. Box DISTRICT II P.O. Drawer DD, Ariesia, NM 88210 DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 SUNDRY NOTICES AND REPORTS ON (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DI DIFFERENT RESERVOIR. USE "APPLICATION FOR (FORM C-101) FOR SUCH PROPOSALS | | | | WELL API NO. 30-045-27828 5. Indicate Type of Lease STATE XX FEE 6. State Oil & Gas Lease No. E-5314 7. Lease Name or Unit Agreement Name | | | |
|---|--|----------------------------|--|---|----------------------|------------|--|
| | | | 7504-2088 | | | | |
| | | | | | | | |
| | | | IR PLUG BACK TO A | | | | |
| 1. Type of Well: OIL GAS WELL X | | Sant | a Rosa 16 | | | | |
| 2. Name of Operator SG Interests | I. Ltd. | | | 8. Well No. | | | |
| 3. Address of Operator | | | - | 9. Pool name or Wildcat | | | |
| P. O. Box 421 | , Blanco, NM 87412 | 2-0421 | | Basin Fru | Itland Coal | | |
| *- | O Feet From The North | | Line and17 | Feet From T | he <u>East</u> | Line | |
| Section 16 | Township 29N | Ran | se 9W | NMPM Sa | n Juan | County | |
| | 10. Elevation (Show | | F, RKB, RT, GR, etc.) 851 | | | | |
| 11. Check | Appropriate Box to Ind | | | eport, or Other I | Data | | |
| NOTICE OF INTENTION TO: | | | SUBSEQUENT REPORT OF: | | | | |
| PERFORM REMEDIAL WORK | PLUG AND ABANDON | | REMEDIAL WORK | _ A | LTERING CASING | | |
| TEMPORARILY ABANDON CHANGE PLANS | | | COMMENCE DRILLING | GOPNS. P | LUG AND ABANDONMENT | | |
| PULL OR ALTER CASING | | | CASING TEST AND CEMENT JOB | | | | |
| OTHER: | | | OTHER: Initial Potential Test X | | | | |
| 12. Describe Proposed or Completed Operwork) SEE RULE 1103. | stions (Clearly state all pertinent a | letails, and | give pertinent dates, inclu | ding estimated date of s | tarting any proposed | 1 | |
| INITIAL POTENTIAL TEST: | | | IS Well) DECEN | | | | |
| Actual Production Test: | | 501 MCFPD | | | E G C F | | |
| Length of Test: | | 24 Hours | | | FEB1 9199 | 2 | |
| Bbls of Condensate/MMCF | | | 1 ROPD | | | | |
| Testing Method: | | | Choke Nipple OIL CON. DIV. | | | | |
| Pressures: | | SITP 350 psi, SICP 450 psi | | | | | |
| Choke Size: | | | | | | | |
| Test Witnessed By: | | | Bill Williamson | | | | |
| Well Status: | | | SI - WO lst Delivery (Connected to PL 2-13-92) | | | | |
| I hereby cerufy that the information above is tr | ue and complete to the best of my know | viedge and i | | | 2_14_ | .02 | |
| SKONATURE COMMIN Q. Bago | | m | Agent | | DATE | | |
| TYPEOR PRINT NAME Carrie | A. Baze | | | | TELEPHONE NO. 9 | 15/694-610 | |
| (This space for State Use) | | | | | | | |
| | FRANK T. CHAVEZ | тп | SUPERVICOR | eistrict n s | _ DATE | B 1 9 199 | |