I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE TITLE Age.

Marcia Stewart

SIGNATURE Marcia

CONDITIONS OF AFPROVAL, IS ANY

TYPE OF PRINT NAME

(This space for State Use)

| NOV- 2-01 FRI                                                                                                                                                   | 11:00 AM          | SAGLE, SCHW                | VAB. <b>&amp;M</b> CL | EAN                       | FAX NO. S                            | 070 385 1598          |             | P. 2   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|----------------------------|-----------------------|---------------------------|--------------------------------------|-----------------------|-------------|--------|
| State of New Mexico  Appropriate  According to the mergy, Minerals and Natural Resources Departme                                                               |                   |                            |                       |                           |                                      | ,                     | in C-L03    | • •    |
| DISTRICT! P.O. Box 1980, Hobbs, NM 88240 OII. CONSERVATION DIVISION                                                                                             |                   |                            |                       |                           | WELL API 1                           |                       | -           |        |
| 2040 Pacheco St.  DISTRICT II P.O. Drawer DD, Artesia, NM 88210  Santa Fe, NM 87505                                                                             |                   |                            |                       |                           | 30-045-284<br>5. Indicate            | 1) pe of Less: STATE  | FEE         | - TSI  |
| DISTRICT ID<br>1000 Rio Brazos Rd., Aztec, N                                                                                                                    | M 87410           |                            |                       |                           | 6. State Oil<br>009765               | & Gas Least No.       |             |        |
| SUNDRY NOTICES AND REPORTS ON WELLS                                                                                                                             |                   |                            |                       |                           |                                      |                       |             |        |
| (DO NOT USE THIS FORM FOR PORPOSALS TO DRILL OR TO DEEPEN OR PLUG SACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"  (FORM C-101) FOR SUCH PROPOSALS) |                   |                            |                       |                           | 7. Lease Name or Unit Agreement Name |                       |             |        |
| 1. Type of Well:  Go. GAS WEIL WELL                                                                                                                             | 130               | OTHER                      |                       |                           | NMNM912                              | 09                    |             |        |
| 2. Name of Operator                                                                                                                                             |                   | JIROK                      |                       |                           | 8. Well No                           | <del></del>           |             | ···    |
| SG INTERESETS LLTD, c/o SAGLE, SCHWAB ENERGY RESOURCES                                                                                                          |                   |                            |                       |                           | SANTA ROSA 29-9-18 #2                |                       |             |        |
| 3. Address of Operator                                                                                                                                          |                   |                            |                       |                           | 9. Pool name or Wildcat              |                       |             |        |
| FO BOX 2677, DURANGO, CO 81302 (970) 259-2701                                                                                                                   |                   |                            |                       |                           | Basin Fruit                          | and Coal              |             |        |
| 4. Well Location Unit Letter K                                                                                                                                  | · 1875            | eet From Th _              | South                 | Line and                  | 540                                  | eet From Th           | West        | Line   |
| Section 18                                                                                                                                                      | Townsh            |                            | Range 9W              |                           | NMPM                                 | Najelinatatata sa had | San Juau    | County |
|                                                                                                                                                                 |                   |                            |                       | ther DF, RKB, RT,<br>GR   |                                      |                       |             |        |
| CI                                                                                                                                                              | ieck Appr         | opriate Box t              | o Indica              | 1                         | _                                    | ort, or Other Dat     |             |        |
| n NOTICE OF INTENTION TO:                                                                                                                                       |                   |                            |                       |                           | SUBSEQU                              | JENT REPORT           | OF:         |        |
| PERFORM REMEDIAL WO                                                                                                                                             | RKX PLU           | g and abandon              |                       | REMEDIAL WOR              | ĸĸ                                   | ALTERING CA           | SING        |        |
| TEMPORARILY ABANDON                                                                                                                                             | СНА               | NGE PLANS                  |                       | COMMENCE DR               | ILLING OPNS.                         | PLUG AND AB           | ANDONMENT   |        |
| PULL OR ALTER CASING CASING TEST AF                                                                                                                             |                   |                            |                       |                           | ND CEMENT J                          | <b>□</b> .            |             |        |
| OTHER OTHER:                                                                                                                                                    |                   |                            |                       |                           | <del></del>                          |                       |             |        |
| 12 Describe Proposed or Completed work) SRE RULE 1163.                                                                                                          | Operations (Clear | rly state all partinent de | tails, and give p     | pertinent date, including | estimated date of st                 | arting any proposed   | <del></del> |        |
| SG Interests is reque                                                                                                                                           | esting appro      | oval to repair             | a possible            | e casing leak fo          | or the subject                       | t well. A rig is av   | ailable and | d.SG   |
| is planning to comm                                                                                                                                             | ence repair       | work on or b               | cfore No              | vember 7, 200             | 1. Sec attac                         | hed wellbore diag     | ram and ol  | lanned |
| procedure.                                                                                                                                                      |                   |                            |                       |                           | _                                    |                       | _           |        |
|                                                                                                                                                                 |                   |                            |                       |                           |                                      | DECEIV<br>NOV - 2 2   | /ED         |        |
|                                                                                                                                                                 |                   |                            |                       |                           |                                      |                       |             |        |
|                                                                                                                                                                 |                   |                            |                       |                           | C.                                   | NOD LLE               | DIV         |        |
|                                                                                                                                                                 |                   |                            |                       |                           |                                      |                       |             |        |

Agent for SG Interests

DATE

TELEPHONE NO.

11/02/01

(970) 259-2701

SG Interests I, Ltd. Santa Rosa #18-2 Sec. 18, T29N, R9W Repair Casing Leak November, 2001 RRS

TD:

20601

PBTD:

1990'

Perforations: 1824-1948'

Rathole

42'

TBG:

61 jts 2 3/8" tbg @ 1936'

Rods/Pump:

N/A

Current Production: 200 MCF/D

Expected Production: 300 MCF/D

## Procedure:

- MIRUSU. Check casing, tubing & bradenhead pressure. Blow well down and 1) monitor pressures. NDWH & NUBOP.
- PU 2 its 2 3/8" tbg and check for fill. Drop standing valve and test tubing to 1500 2) psi. Fish standing valve. Strap out of hole (visually inspect tubing for damage).
- Set RBP @ 1775'. Load casing with fresh H2O and pressure test casing, WH & 3) BOP to 1500 psi. If casing does not test, R.I.H. 4 1/2" FBPKR and find casing leak. Call office w/results.
- Spot 2 sacks sand on RBP @ 1775' and set 4 1/2" tension packer 200' above hole. 4) Squeeze hole in casing with 50 sacks Class "B" cement w/2% CaCl. Max squeeze pressure will be 1000 psi. Leave pressure on well overnight. WOC a minimum of 12 hrs prior to drill out.
  - \*\* note Depending on depth of casing leak, hole may be squeezed by spotting cement through tubing and /or performing bullhead squeeze.
- R.I.H w/ 3 7/8" bit and 4 1/2" casing on 2 3/8" tubing. Drill out cement and test 5) 4 1/2" casing to 500 psi. Re-squeeze if necessary.
- R.I.H. w/retrieving head and circulate sand off of RBP @ 1775'. Latch onto, 6) release and TOOH w/RBP.
- R.1.H. with 2 3/8" tubing and land as before. NDBOP. NUWH. If necessary 7) swab well in. Turn well to sales and monitor overnight, RDMOSU.