Submit 3 Copies State of New Mexico **Form C-103** to Appropriate Energy, Minerals and Natural Resources Department Revised 1-1-89 District Office WELL API NO. OIL CONSERVATION DIVISION DISTRICT 1 30-045-28817 P. O. Box 2088 P.O. Drawer 1980, Hobbs, NM 88240 5. Indicate Type of Lease DISTRICT II Santa Fe, New Mexico 87504-2088 P. O. Drawer DD, Artesia, NM 88210 STATE FEE X DISTRICT III 6. State Oil & Gas Lease No. 1000 Rio Brazos Rd., Aztec, NM 87410 **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.) 1. Type of Well: CANDELARIA 29-10-22 OIL GAS WELL WELL X 8. Well No. 2. Name of Operator SG INTERESTS I, LTD. Address of Operator 9. Pool Name or Wildcat P. O. BOX 421, BLANCO, NM 87412-0421 **BASIN FRUITLAND COAL** 4. Well Location Unit Letter 1195 SOUTH Feet From The Line and 2195 Feet From The WEST Line Section Township 29N 10W Range NMPM SAN JUAN County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 5582' GR Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. **NOTICE OF INTENTION TO:** SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDONMENT REMEDIAL WORK ALTERING CASING **TEMPORARILY ABANDONMENT** CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT **PULL OR ALTER CASING** CASING TEST AND CEMENT JOB OTHER: INITIAL POTENTIAL/Ist DELIVERY 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. **INITIAL POTENTIAL TEST:** DATE OF TEST: 4/21/93 ACTUAL PRODUCTION TEST - MCF/D: 413 MCFPD LENGTH OF TEST: 24 HOURS BBLS. CONDENSATE/MMCF: 0 BCPD **GRAVITY OF CONDENSATE:** APR 2 8 1993 **BBLS OF WATER:** O BWPD OIL CON. DIV. TESTING METHOD (pilot, back pr.): **CHOKE NIPPLE** FLOWING TUBING PRESSURE: 210 psi TUBING PRESSURE (SHUT-IN): 440 psi FLOWING CASING PRESSURE: 215 psi CASING PRESSURE (SHUT-IN): 470 psi **CHOKE SIZE: WELL STATUS:** PRODUCING - 1st DELIVERY 4/21/93

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

Garrie R. Base **CARRIE A. BAZE** 

TITLE **AGENT** 

DATE TELEPHONE

4/26/93 (915) 694-6107

TYPE OR PRINT NAME (This space for State Use)

Original Signed by FRANK T. CHAVEZ APPROVED BY

TITLE SUPERVISOR DISTRICT # 3