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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 OIL CONSERVATION DIVISION P.O. Box 2088

WELL API NO.

30-045-28827 Santa Fe. New Mexico 87504-2088 DISTRICT II 5. Indicate Type of Lease P.O. Drawer DD, Artesia, NM 88210 FEE X STATE 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.) Horton CB-22 1. Type of Well: WELL OTHER 8. Well No. 2. Name of Operator #1 Emerald Gas Operating Co. 9. Pool name or Wildcat 3. Address of Operator Basin Fruitland Coal 570 Turner Drive, Durango CO 81301 Well Location : 2144 Feet From The North Line and 1375 Feet From The EAST Unit Letter San Juan 32N **NMPM** County Range Township Section 10. Elevation (Show whether DF, RKB, RT, GR, etc.) Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: BANDON REMEDIAL WORK **ALTERING CASING** PLUG AND ABANDONMENT COMMENCE DRILLING OPNS. CASING TEST AND CEMENT JOB PULL OR ALTER CASING Drill out and cavitate CON. 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. Rig up cavitation rig on 12-22-92. Pressure test rams and valves to 1500 psig. TIH, drill to 3047' & DST #1: 2820'-3047'. Drill to TD 3123'. DST #2: 2820'-3123'. Log hole with DIL-GR & CND-GR from 3114'. Shut down for Christmas. Begin underreaming and cavitation operations. Blow and surge well and test 12-28-92 to 1-27-93. Run 5 1/2" pre-perfed liner, with perfs 2844-3028'. Run 2 7/8" tubing landed @ 3050' KB. Nipple down BOP's and nipple up production tree. Rig down. Release rig 12:30 p.m. 1-28-93. Set 2790-3070 I hereby certify that the information above is true and complete to the best of my knowledge and belief. TITLE Myr. Dwel. + bed. DATE 3/10/ SIGNATURE -TELEPHONE NO. TYPE OR PRINT NAME (This space for State Use) DATEAPR SUPERVISOR DISTRICT #3 1 1993

- TITLE -

CONDITIONS OF APPROVAL, IF ANY:

Original Signed by FRANK T. CHAVEZ