2002	\sim
2002	Form C-103
Submit 3 Copies To Appropriate District Office District I RECEIVED RECEI	Revised March 25, 1999
Office Chargy, Minerals and Natural Resources	WELL API NO.
1625 N. Grench Dr. Hobbs, NM 88240	30 - 015 - 04785
District II OT CHINGER VATION DIVISION	5. Indicate Type of Lease
1301 W. Grand Ave., Artesia, NW 3032 1301 W. Gra	STATE FEE
District III 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505	6. State Oil & Gas Lease No.
District IV	
1220 S. St. Francis Dr., Santa Fe, NM	NM 081381- A
87505 SUNDRY NOTICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name:
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR FLOOD BACK TO TO DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	Northeast Square Love Unit
1. Type of Well: Oil Well Gas Well Other Injection	
2 Name of Operator	8. Well No
AGYORN OPERATING, Inc.	O D I www.Wildest
3. Address of Operator 79768	9. Pool name or Wildcat NE Square LAKE
3. Address of Operator P.O. Sox 12663 ODESSA, TEXAS 79768	INE SQUARE CAPE
4. Well Location	
Unit Letter U : 660 feet from the South line and	660 feet from the WEST line
Unit Letter U : 660 feet from the 304717 line and	
Section 2 Township 165 Range 318	NMPM County EDD Y
Section 2 Township (6 5 Range 5 7 10. Elevation (Show whether DR, RKB, RT, GR, e	tc.)
機能 "현실도 전에 가는 사람들이 되었다. 그는 그는 그는 이 문화를 가장하는 것이 되었다.	
11. Check Appropriate Box to Indicate Nature of Notice	, Report or Other Data
NOTICE OF INTENTION TO:	SOEGUENT INCLUDING OF
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WO	RK ■ ALTERING CASING □
PERFORM REMEDIAL VIOLENCE	RILLING OPNS. PLUG AND
TEMPORARILY ABANDON	RILLING OPNS.□ PLUG AND □ ABANDONMENT
CASING TEST	prima (
PULL OR ALTER CASING MULTIPLE CASING TEST	
COMPLETION	m
OTHER:	
OTHER: 12. Describe proposed or completed operations. (Clearly state all pertinent details, and CEE BLUE 1103. For Multiple Completions: Attach years and CEE BLUE 1103.	give pertinent dates, including estimated date of
starting any proposed work). SEE ROLE 1103. For Wantiple Comptonsion.	
RIA W/ Slickline to T.D. No obstructions. Test injection lines to	
1000 psi - OKANy. Return well to injection	
Accepted for Record	

Type or print name 105 th Cilliam, Jr. Compliance Officer 3-7-02

(This space for State use)

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

TITLE 1081DENT DATE 30 02

Telephone No.915 5500 804

Compliance Officer 3-7-02