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Submit 3 Copies To Appropriate District State of New Mexico Form C-103 Revised March 25, 1999 Energy, Minerals and Natural Resources District I WELL API NO. 04787 1625 N. French Dr., Hobbs, NM 88240 30-015-81353 District II OIL CONSERVATION DIVISION 1301 W. Grand Ave., Artesia, NM 88210 5. Indicate Type of Lease 1220 South St. Francis Dr. District III STATE X FEE 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505 6. State Oil & Gas Lease No. District IY 1220 S. St. Francis Dr., Santa Fe, NM E-6484 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 PLUG BACK TO A Northeast Square Lake Unit DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) 1. Type of Well: Oil Well 🔀 Gas Well Other 8. Well No. Name of Operator AGHORN OPERATING. 9. Pool name or Wildcat Address of Operator TEXPS 79768 Po. Box 12663 NE Square LAKE Well Location 660 feet from the South line and 660 feet from the EAST line Unit Letter Township 165 Range 31E NMPM County EDDY Section 10. Elevation (Show whether DR, RKB, RT, GR, etc.) 11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: ALTERING CASING REMEDIAL WORK X PERFORM REMEDIAL WORK PLUG AND ABANDON COMMENCE DRILLING OPNS. **PLUG AND CHANGE PLANS** П TEMPORARILY ABANDON **ABANDONMENT** П CASING TEST AND **MULTIPLE PULL OR ALTER CASING** COMPLETION **CEMENT JOB** 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. For Multiple Completions: Attach wellbore diagram of proposed completion or Returned well to production from being shut in. Pulled out rods and pump. Pulled tubing. Pressure tester tubing in hole. RIHWI new pump and rods. Hot oiled well with 50 bbls hot water. Installed new 2" Fashne Flowling. Turned well to production. Cleaned location. OCD - ARTESIA st of my knowledge and belief. I hereby certify that the information above is true and complete to the b President TITLE SIGNATURE Telephone No. 915-550-0804 Type or print name (This space for State use)