(DO NOT USE THIS FORM FOR PROPOSA DIFFERENT RESERVOIR. USE "APPLICA PROPOSALS.) 1. Type of Well: Oil Well Gas Well C 2. Name of Operator Aghorn Operating Inc. 3. Address of Operator P O Box 12663	Other 2	N DIVISION ancis Dr. 37505 128 29 30 31 LUG BACK TO A FOR SUCH RECEIVED OCD AREA	5. Indicate Type of STATE 6. State Oil & Grand NM 7. Lease Name or North East Square 8 Well No. 9. Pool name or V	FEE Cas Lease No. 081381-A Unit Agreement Nore Lake	5, 1999
4. Well Location			• •		
	feet from the South	line and 330		m the West	_line
Section 3 Township 16S Range 31E NMPM County Eddy 10. Elevation (Show whether DR, RKB, RT, GR, etc.)					
NOTICE OF INT PERFORM REMEDIAL WORK	ppropriate Box to Indicate IENTION TO: PLUG AND ABANDON	Nature of Notice, I SUBS REMEDIAL WORK	Report or Other BEQUENT REF	PORT OF: ALTERING CASIN	IG 🗌
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT			
PULL OR ALTER CASING	MULTIPLE COMPLETION	CASING TEST AN CEMENT JOB	ID 🖾		
OTHER:		OTHER:			
 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 recompilation. Notified OCD of intention to work on well. 06/07/02 MI RU, POOH w/ 113 jts. 2 3/8 & PKR. SDFN. 06/10/02 RIH w/ 4 1/2 AD-1 PKR. set @ 3560' NU wellhead. RU pump, test csg. DID NOT TEST. Isolated hole in casing between 155' and 186'. POH. RIH w/ CIBP to 3460'. cap w/35' class "C" neat cmt. POOH, ND well head. Sqz. 60 sx. class "C" neat cmt. down 4 1/2 and up 8 5/8 csg. to surf. SDFN. 06/11/02 RIH and tag cmt @ 20'. Pick up drill collars, RU power swivel, Drill down to 90'. Cmt. soft so SDFN. 06/12/02 Drill from 90' to 154'. Fell out of cmt. Test csg. Csg held. RIH to 3460', drill to 3700'. Pressured up on casing. Did not get injection rate. POOH with tbg. SDFN. 06/13/02 Layed down drill collars. RIH w/ 4 1/2 AD - 1 PKR. Set @ 3480. NU well head. Pressured up on csg. Csg. held for 30 min. RD move off. Pressured up on 4 1/2 csg. to 300 PSL Csg. held. Chart attached. \(\omega \times + \omega \times \t					
I hereby certify that the information al	pove is true and complete to the	best of my knowledge	e and belief.		
SIGNATURE fly / hll	TITLE	President	······································	DATE	
Type or print name Frosty Gilliam (This space for State use) APPROVED BY Conditions of approval, if any:	TITLE	Suld	Λ	DATEAUG	



