Submit 3 Copies to Appropriate District Office

DISTRICT II

En

State of New Mexico Minerals and Natural Resources Department

026418

Form C-103 Revised 1-1-89

DISTRICT I P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION

2040 Pacheco St. Santa Fe, NM 87505

C15(V)
WELL API NO.

30-015 -8730 1	04831	
sIndicate Type of Lease		
	STATE	FEE
State Oil & Gas Lease I	No.	

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

P.O. Drawer DD, Artesia, NM 88210

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A

7Lease Name or Unit Agreement Name North East Square Lake Premier Unit

DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) Type of Well: OIL WELL WIW WELL OTHER Name of Operator «Well No. AGHORN OPERATING, INC. 12 RECEIVED 3Address of Operator Pool name or Wildcat OCD. P. O. Box 12663 Odessa, TX 79768 NE Square Lake GB-SA North 4Well Location 660 660 Unit Letter Feet From The Line and Feet From The **16S** 31E Township Range NMPM Eddv 10Elevation (Show whether DF, RKB, RT, GR, etc.)

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PLUG AND ABANDON PERFORM REMEDIAL WORK REMEDIAL WORK ALTERING CASING **TEMPORARILY ABANDON CHANGE PLANS** COMMENCE DRILLING OPNS. PLUG AND ANBANDONMENT **PULL OR ALTER CASING** CASING TEST AND CEMENT JOB OTHER: OTHER:

12Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

1. RU Pulling Unit

2. POH with injection tbg. and packer.

3. RIH w/ CIBP w/ 2 ax. class "C" cmt. on top @ 3560.

4. Circ. hole w/ brine water.

5. Pressure test csg. to 500 psi.

6. Secure well head.

7. RD PU & clean location.

Schedule test 24 hours in advance with OCD, 505-748-1283

OCD must witness test.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. TITLE President SIGNATURE DATE 02-07-02 TYPE OR PRINT NAME Frosty Gilliam Jr. TELEPHONE NO. 915-550-0804 (This space for State Use) APPROVED BY TITLE CONDITIONS OF APPROVAL, IF ANY