					CISK		
Submit 3 Copies To Appropriate District	State of	Naw M	evico		$V_{r}$	C 100	
Office District [				1 Form C-103 Revised March 25, 1999			
1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources			WELL API NO			
District II 1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERV	OIL CONSERVATION DIVISION			0-015-0483	4	
District III	1220 South St. Francis Dr.			5. Indicate Type of Lease STATE  FEE			
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fe, NM 87505			STATE S FEE  6. State Oil & Gas Lease No.			
1220 S. St. Francis Dr., Santa Fe, NM 87505				NM 026418			
	CES AND REPORTS OF	WELL:	S	7. Lease N	ame or Unit Agreement	Name:	
DIFFERENT RESERVOIR USE "APPLIC	ATION FOR PERMIT" (FOR)	M C-101) F	OR SUCH	North East	Square Lake		
PROPOSALS.)  1. Type of Well:	0.4						
Oil Well Gas Well   2. Name of Operator	Other			0 711 71 71			
Aghorn Operating Inc.				8. Well No	). 10		
3. Address of Operator					9. Pool name or Wildcat		
P O Box 12663 4. Well Location					NE Square Lake		
	660 feet from the	North	line and 198	i0 fi	est from the West	line	
Section 10	Township 168		ange 31E	NMPM	<del></del>		
	10. Elevation (Show w		R, RKB, RT, GR. etc.	()	County Eddy		
				<b>´</b>			
NOTICE OF IN PERFORM REMEDIAL WORK	Appropriate Box to Inc TENTION TO: PLUG AND ABANDON		ature of Notice, I SUBS REMEDIAL WORK	SEQUENT	Other Data REPORT OF: ALTERING CASI	NG []	
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DRILLING OPNS. PLUG AND				
PULL OR ALTER CASING	MULTIPLE COMPLETION		CASING TEST AND CEMENT JOB				
OTHER:			OTHER:			П	
12. Describe proposed or completed starting any proposed work). SE recompilation.  Well is presently T&A'd.  RIH and tag CIBP @ 3600', Dump RIH & spet 50 sx. class "C" cmt. @ RIH w/4 1/2 packer, 2qx. 50 sx. clas Perf. 4 1/2 csg. @ 380 and sqz. 60 sr. Spot 10 sx. surface plag. 250'—Cut off well head and install dry ho	3 sx. class "C" cant. on 1 3 1600 to 1400. — 749 as "C" cant. in hole in ca c class "C" cant. between LEAJE 100' of Cant.	iple Com	pletions: Attach wel	lbore diagram	n of proposed completio	date of n or	
Notify OCD 24 hrs. prior to any work done  Brine W				d consisting of 10# 5# of gel per bbl d between each plug			
hereby certify that the information al	bove is true and complete	to the be	st of my knowledge	and belief.			
SIGNATURE 75	ll)T	ALL'E	President		DATE 6/6/2	, >_	
ype or print name Freety Cilliam	0			Te	elephone No. 915-550-6	 1 <del>0</del> 04	
This space for State use) APPROVED BY	Тт	TILE	Sill L	les II	DATEJUN	7 2002	
Conditions of approval, if any:	·	_	/	h			