

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

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

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

## OIL CONSERVATION DIVISION

2040 Pacheco St.  
Santa Fe, NM 87505

WELL API NO. 30-015-87066 <b>04837</b>
Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
State Oil & Gas Lease No. 026418
Lease Name or Unit Agreement Name North East Square Lake Premier Unit
Well No. 21
Pool name or Wildcat NE Square Lake GB-SA North

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	
Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <b>WIW</b>	123456
Name of Operator <b>AGHORN OPERATING, INC.</b>	
Address of Operator P. O. Box 12663 Odessa, TX 79768	
Well Location Unit Letter <b>F</b> : <b>1980</b> Feet From The <b>N</b> Line and <b>1980</b> Feet From The <b>E</b> Line <b>10</b> Section <b>16S</b> Township <b>31E</b> Range <b>NMPM</b> <b>Eddy</b> County	
Elevation (Show whether DF, HKB, RT, GR, etc.)	

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

### NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐  
OTHER: ☐

### SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ PLUG AND ANBANDONMENT ☐  
CASING TEST AND CEMENT JOB ☒  
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.

Well shut in because of possible failure of MIT test.  
Well was retested on 2-01-02 to 500 psi & no leak off.  
Well waiting on MIT witness by commission before returning to injection.

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.

SIGNATURE Frosty Gilliam Jr. TITLE President DATE 02-07-02  
TYPE OR PRINT NAME Frosty Gilliam Jr. TELEPHONE NO. 915-550-0804

(This space for State Use)

APPROVED BY [Signature] TITLE [Signature] DATE FEB 8 2002

CONDITIONS OF APPROVAL, IF ANY: