Submit 3 Copies To Appropriate District Office	ct State of New	Mexico	Form C-103
District I	Energy, Minerals and	Natural Resources	Revised March 25, 1999 WELL API NO
1625 N. French Dr., Hobbs, NM 88240 District II		ICM DRAIGION	20-015-04837
1301 W. Grand Ave., Artesia, NM 882 District III			5. Indicate Type of Lease
District III 1000 Rio Brazos Rd., Aztec, NM 87410 District IV 1220 South St. Francis Dr. Santa Fe, NM 87505		STATE FEE	
District IV 1220 S. St. Francis Dr., Santa Fe, NM	Santa Pe, INI	VI 67505	6. State Oil & Gas Lease No.
87505			
SUNDRY NOTICES AND REPORTS ON WELLS (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.)			7. Lease Name or Unit Agreement Name: North East Square Lake Unit
1. Type of Well: Oil Well Gas Well	Other		
2. Name of Operator	Other	***	8. Well No.
Aghorn Operating In	ıc. /		21
3. Address of Operator			9. Pool name or Wildcat
P O Box 12663 4. Well Location			NE Square Lake
Unit Letter G	: 1980 feet from the North	h line and 19	80 feet from the East line
Section 10	Township 16S	Range 31E	NMPM County Eddy
	10. Elevation (Show wheth	er DR, RKB, RT, GR, et	c.)
11 Chas	als Americansista Bourto Indias	to Natura of Nation	Parant or Other Date
11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK		REMEDIAL WOR	
			_
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DR	ILLING OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING	MULTIPLE COMPLETION	CASING TEST A CEMENT JOB	ND 🛚
OTHER:		OTHER:	ACTIVE WIN 5/1/02 [
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 recompilation.			
RU PU. Pkr. not set. Moved PKR. up 1 joint. Set PKR. Pressured tested csg. to 600 psi. Csg. held for 30 minutes. Witnessed by			
Mr. Bratcher w/ OCD. Chart Attached.			
I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
SIGNATURE The	<i>U</i> тіті	E President	DATE 6/26/02
Type or print name Frosty Gilliam Telephone No. 915-550-0804			
(This space for State use)	700	A -11	11 - 70
APPROVED BY	ES TITI	E Suld	SUL 2 2002
Conditions of approval, if any:	1111		7 2005

