Submit 3 Copies to Appropriate District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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

FEB 2002
RECEIVED
OCD - ARTESIA

C/S

30-015-04840

WELL API NO.
30-015-87367

Indicate Type of Lease
STATE ☐ FEE ☒

State Oil & Gas Lease No.
026418

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.)

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

Type of Well:
OIL WELL ☐ GAS WELL ☐ OTHER WIW

Name of Operator
AGHORN OPERATING, INC.

Well No.
20

Address of Operator
P. O. Box 12663 Odessa, TX 79768

Pool name or Wildcat
NE Square Lake GB-SA North

Well Location
Unit Letter F : 2030 Feet From The N Line and 1980 Feet From The W Line

10 Section 16S Township 31E Range NMPM Eddy County

Elevation (Show whether DF, RKB, RT, GR, etc.)

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

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

1. RU Pulling Unit
2. POH with injection tbg. and packer.
3. RIH w/ CIBP w/ [illegible] class "C" cmt. on top @ 3625. 3 SX
4. Circ. hole w/ brine water.
5. Pressure test csg. to 500 psi. -Chart Test.
6. Secure well head.
7. RD PU & clean location.

Notify OCD 24 hrs. prior to any work done

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 [signature] 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 Field Rep II DATE FEB 8 2002

CONDITIONS OF APPROVAL, IF ANY: