

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. 30-015-8204 04845
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. 25
Pool name or Wildcat NE Square Lake GB-SA North

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.)	
Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER WIW	
Name of Operator AGHORN OPERATING, INC.	
Address of Operator P. O. Box 12663 Odessa, TX 79768	
Well Location Unit Letter I : 2310 Feet From The S Line and 990 Feet From The E Line 10 Section 16S Township 31E Range NMPM Eddy County	
Elevation (Show whether DF, RKB, 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: ☐

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 w/ injection tbg. and packer
3. RIH & set CIBP w/ ~~2nd~~ class "C" neat cmt on top @ 3700. **3 SX**
4. Circ. hole w/ brine water.
5. Pressure test csg. to 500 psi.
6. Secure well head.
7. RD pulling unit and clean location.

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

Notify OCD 24 hrs. prior to any work done

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: