

CISF

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

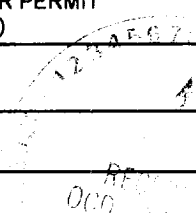
OIL CONSERVATION DIVISION

2040 Pacheco St.
Santa Fe, NM 87505

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

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

WELL API NO. 30-015- 07371 04846
Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
State Oil & Gas Lease No. E6418

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER	
Name of Operator AGHORN OPERATING, INC.	
Address of Operator P. O. Box 12663 Odessa, TX 79768	Well No. 9
Well Location Unit Letter <u>D</u> : <u>660</u> Feet From The <u>N</u> Line and <u>660</u> Feet From The <u>W</u> Line 11 Section 16S Township 31E Range NMPM Eddy County	Pool name or Wildcat NE Square Lake GB-SA North
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 <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input checked="" type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ANBANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: _____ <input type="checkbox"/>		OTHER: _____ <input type="checkbox"/>	

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.

- RU Pulling Unit
- POOH w/ rods & tubing
- RIH & set 5 1/2 CIBP @ 3900 w/ ~~2~~ **4** x class "C" neat cmt on top. *4SX*
- Circ. hole w/ brine water.
- Pressure test csg. to 500 psi.
- Secure well head.
- Rig down & 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 *Field Rep ID* DATE _____

CONDITIONS OF APPROVAL, IF ANY: