Submit 3 Copies to Appropriate District Office	2 2 1 4 2 4 2 5 3 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	State of New Me inerals and Natural Re	esources Department	CISP	Form C-103 Revised 1-1-89
DISTRICT I P.O. Box 1980, Hobbs, NM 88240				WELL API NO.	· · · · · · · · · · · · · · · · · · ·
Santa Fe NM 87505				30-015-04846	
DISTRICT II P.O. Drawer DD, Artesia, NMF88210				sIndicate Type of Lease	
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410				•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.)				7Lease Name or Unit Agreement Name North East Square Lake Premier Unit	
Type of Well:					
WELL WEL	WELL OTHER			eWell No.	
₂Name of Operator Aghorn Operating Inc.				9999911700. 9	
3Address of Operator				Pool name or Wildcat	
P. O. Box 12663 Odessa, TX 79768				NE Square Lake GB-SA North	
Unit Letter :	660 Feet From The	<u> </u>	Line and 660	Feet From The	W Line
11 Section	16S Township	31E I	Range	NMPM	Eddy County
	10Ele	evation (Show whether DF,	RKB, RT, GR, etc.)	'n	
11 Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data					
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:					
PERFORM REMEDIAL WORK	PLUG A	ND ABANDON	REMEDIAL WORK		ALTERING CASING
TEMPORARILY ABANDON	ON CHANGE PLANS COMMENCE DRILLING C			PNS. F	
PULL OR ALTER CASING	CASING TEST AND CEM				
OTHER:			OTHER: Temporary A	bandonment (casing	i test)
12Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed					
<i>work</i>) SEE RULE 1103. Well has been Temporarily abandoned and is ready for casing test.					
 02/07/02 MIRU pulling unit. POH w/ rods, pump, & tbg. 02/08/02 Set 5 1/2 CIPB on wireline @ 3878 with 4 sx. class "C" neat cement dumped on top. RIH w/ 6 ft. sub and 5 1/2 packer. Pressured up to 500 PSI. Held pressure for 10 minutes. Released pressure. Secured well. Rig down. 					
Schedule test <u>24 hours in advance</u> 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 ALL DATE 02-07-02					
TYPE OR PRINT NAME Frosty Gilliam Jr. TELEPHONE NO. 915-550-0804					
(This space for State Use) APPROVED BY	enied	π	ne fild	Ap P	FEB 2 1 2002
CONDITIONS OF APPROVAL, IF XIVY:				S.	