Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-8

6 *					Re	vised 1-1-89	
DISTRICT I P.O. Box 1980, Hobbs, NM 88240 OIL CONSERVATION DIVISION 2040 Pacheco St.			WELL API NO.				
			30-045-31442				
DISTRICT II P.O. Drawer DD, Artesia, NM 88210 Santa Fe, NM 87505			5. Indicate Type of	of Lease STATE] FEE	 X	
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410				6. State Oil & Ga	s Lease No.	<u> </u>	
SUNDRY NOTICES AND REPORTS ON WELLS							
				7. Lease Name or	Unit Agreement N	<i>[[]]</i>	
(DO NOT USE THIS FORM FOR PORPOSALS 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 of	Om Agreement N	anic	
1. Type of Well:				McCARTHY 29-9-30			
OIL GAS WELL X OTHER							
2. Name of Operator				8. Well No.			
SG INTERESTS I, LTD c/o Sagle & Schwab Energy Resources				#2			
3. Address of Operator				9. Pool name or Wildcat			
PO Box 2677, Durrango, CO 81302 (970) 259-2701				Basin Fruitland Coal			
4. Well Location							
ļ ————————————————————————————————————	710' Feet From The_		Line and		Feet From The		Line
				NMPM	V/////////////////////////////////////	San Juan	County
10. Elevation (Show whether DF, RKB, RT, GR, 6 5705' GR				?, etc.) 			
Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data							
notice of intention to:				SUBSEQUEN	T REPORT	OF:	
PERFORM REMEDIAL WORK PLUG AND ABANDON			REMEDIAL WORK ALTERING CASING				
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DR				LING OPNS.	PLUG AND ABA	ANDONMENT	
PULL OR ALTER CASING CASING TEST AN				D CEMENT JOB]		
OTHER:		. 🔲 🚶	OTHER: First De	elivery	· · · · · · · · · · · · · · · · · · ·		X
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent date, including estimated date of starting any proposed							
work) SEE RULE 1103.							
First Delivery: 10:00 am 8/7/0	3						
SITP 350#					25 26 27 20	>	
SICP 350#				A S	10 A C		1
Flowing on 16/64" choke					AUG 2003	44	Î
Test Data: 8/19/03					AUG ZUUS	rul	}
FTP 152#						al l	ļ
FCP 172#				P	• 3	100	į
281 MCFD, 0 BW				₩.		>7	Į.
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					The state of the s		
I hereby certify that the information all SIGNATURE	ove is true and complete to the	e best of my k	_	nt for SG Interests	DATE	08/22/03	3
TYPE OR PRINT NAME Mai	rcia Stewart	_			TELEPHONE NO.	(970) 259-2	:701
(This space for State Use)	120		DEPUTY ON	l & Gas inspecto	AU	'G 2 6 20	
APPROVED BY	. / ٢~~		TITLE		WIDI. DATE	~ 0 20	<i>'03</i>
CONDITIONS OF APPROVAL, IF ANY:			- 				