

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
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO. 30-045-27856
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Santa Rosa 4
8. Well No. 1
9. Pool name or Wildcat Basin Fruitland Coal
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 5621' GL, 5631' RKB

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.)

1. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER
2. Name of Operator SG Interests I, Ltd.
3. Address of Operator P. O. Box 421, Blanco, NM 87412-0421
4. Well Location Unit Letter <u>A</u> : <u>1035</u> Feet From The <u>North</u> Line and <u>890</u> Feet From The <u>East</u> Line Section <u>4</u> Township <u>29N</u> Range <u>9W</u> NMPM San Juan County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 5621' GL, 5631' RKB

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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: Initial Potential Test <input checked="" type="checkbox"/>

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.

INITIAL POTENTIAL TEST: (Gas Well)
Actual Production Test: 86 MCFPD
Length of Test: 24 Hours
Bbls of Condensate/MMCF 0
Testing Method: Choke Nipple
Pressures: SITP 345, SICP 345, FTP 170, FCP 230
Choke Size: .875
Well Status: Producing - 1st Delivered 4/07/92.

APR 27 1992
OIL CON. DIV.
DIST. 3

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Carrie A. Baze TITLE Agent DATE 4/21/92
TYPE OR PRINT NAME Carrie A. Baze TELEPHONE NO. 915/694-6107

(This space for State Use)

APPROVED BY Original Signed by FRANK T. CHAVEZ TITLE SUPERVISOR DISTRICT # 3 DATE APR 27 1992
CONDITIONS OF APPROVAL, IF ANY: