

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 APN NO.	30-045-27841
5. Indicate Type of Lease	STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.	

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	7. Lease Name or Unit Agreement Name State Gas Com "CB"
2. Name of Operator SG Interests I, Ltd. Attn: A. M. O'Hare	8. Well No. #3
3. Address of Operator PO BOX 421, Blanco NM 87412	9. Pool name or Wildcat Basin Fruitland Coal Gas
4. Well Location Unit Letter <u>N</u> : <u>1180</u> Feet From The <u>South</u> Line and <u>1500</u> Feet From The <u>West</u> Line Section <u>32</u> Township <u>30N</u> Range <u>9W</u> NMPM <u>San Juan</u> County	10. Elevation (Show whether DF, RKB, RT, GR, etc.) <u>5738'</u> GR

11. 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: Change of Operator ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: ☐

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.

Amoco Production Company has turned over operatorship, effective immediately, to:

SG Interests I, Ltd.
Attn: A. M. O'Hare
P. O. BOX 421
Blanco NM 87412

RECEIVED
AUG 6 1992
OIL CON. DIV.
DIST. 3

If there are any questions please contact A. M. O'Hare at (505)-325-5599

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

SIGNATURE A. M. O'Hare TITLE _____ DATE _____

TYPE OR PRINT NAME A. M. O'Hare TELEPHONE NO. 505-325-5599

(This space for State Use)

Original Signed by CHARLES GHULSON

DEPUTY OIL & GAS INSPECTOR, DIST. #3

APPROVED BY _____ DATE **AUG 06 1992**

CONDITIONS OF APPROVAL, IF ANY: