

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.
30-045-37913

5. Indicate Type of Lease
STATE ☐ FEE ☒

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 ☐ GAS WELL ☒ OTHER

2. Name of Operator
SG Interests I, Ltd.

3. Address of Operator
P. O. Box 421, Blanco, NM 87412-0421

7. Lease Name or Unit Agreement Name

Lopez 30-9-35

8. Well No.
1

9. Pool name or Wildcat
Basin Fruitland Coal

4. Well Location
Unit Letter K : 1650 Feet From The South Line and 1395 Feet From The West Line
Section 35 Township 30N Range 9W NMPM San Juan County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
5623' GL, 5633' RKB

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: ☐

SUBSEQUENT REPORT OF:

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

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: 113 MCFPD
Length of Test: 24 Hours
Bbls of Condensate/MMCF 0 BCPD
Testing Method: Choke Nipple
Pressures: SITP 265 psi, SICP 265 psi
FTP 180 psi, FCP 230 psi
Choke Size: .750
Well Status: Producing - 1st Delivered 4-15-92

RECEIVED

MAY 11 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 5/06/92

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 COMMISSIONER DISTRICT # 3 DATE MAY 11 1992

CONDITIONS OF APPROVAL, IF ANY: