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 1 P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION P.O. Box 2088

WELL API NO.

DISTRICT II	Drawer DD, Artesia, NM \$8210 TRICT III		30-045-29059
DISTRICT III			5. Indicate Type of Lease STATE FEE X
1000 Rio Brizos Rd., Aztec, NM 87410			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 RESERVOR (FORM C-101)	R. USE "APPLICATION FOR PER FOR SUCH PROPOSALS.)	RMIT	7. Lease Name or Unit Agreement Name
1. Type of Well: OR GAS WELL WELL X	OTHER		APPERSON 30-11-30
2 Name of Operator SG INTERESTS I LTD			8. Weli No.
3. Address of Operator			#2
PO Box 338, Ignacio, CO	81137		9. Pool name or Wildcat
4. Well Location	01137	· · · · · · · · · · · · · · · · · · ·	Basin Fruitland Coal
Unit Letter K : 1708	Township 30 North Ray	nge ll West	Feet From The West Line
	10. Elevation (Show whether I GR 5731'	DF, RKB, RT, GR, etc.)	
11. Check App	ropriate Box to Indicate N	Nature of Notice, Re	eport, or Other Data
NOTICE OF INTEN			SEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING		CASING TEST AND CEMENT JOB	
OTHER:		отнея: Spud Not	zice X
 Describe Proposed or Completed Operations (work) SEE RULE 1103. 	Clearly state all pertinent details, an	d give pertinent dates, includ	ling estimated date of starting any proposed
This well was spudded @ 6 jts 8-5/8" LS 24# csg. top (4 total). Circ w/w CaCl ₂ @ 4.5 BPM. Circ 6 plug w/400 psi. Pressur	Land csg @ 263'. tr for 10 min, good B/excess cem to su	Centralizers or returns. Prod	n every other joint to

MAR 0 8 1994

OIL CON. DIV.

	DIST. 3	
I hereby certify that the information above is true and complete to the best of my knowle	odge and belief.	
SIGNATURE Marcia McChao Kan	Production Technician .	March 7, 1994
TYPEOR PRINT NAME Marcia McCracken		TELEPHONE NO. (303) 563–400
(This space for State Use)		
Original Signed by FRANK T. CHAVEZ	SUPERVISOR DISTRICT # 3	MAR - 8 1994
CONTROLLE OF TERROR AT MANY		- DATE