Sue fax # 713-669-5559

please fax Completion Report for the Mesaverde only to:

Andy Gary
Phillips Pet Co.
Box 1967
Houston, TX 77251-1967

Well: Wayne Moore Com #1
N-16-31N-9W

& Bill Heim!

DJ

454
200
254
+ 50
304

Submit 3 Copies to Appropriate District Office

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

Form C-103
Revised 1-1-89

WELL API NO. 30-045-29059

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.)

7. Lease Name or Unit Agreement Name: APPERSON 30-11-30

1. Type of Well: OIL WELL ☐ GAS WELL ☒ OTHER

2. Name of Operator: SG INTERESTS I LTD

8. Well No. #2

3. Address of Operator: PO Box 338, Ignacio, CO 81137

9. Pool name or Wildcat: Basin Fruitland Coal

4. Well Location
Unit Letter K : 1708 Feet From The South Line and 1808 Feet From The West Line

Section 30 Township 30 North Range 11 West NMPM San Juan County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) GR 5731'

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT 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: ☐		OTHER: 1st Delivery ☒	

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.

Date of 1st Production:	5/27/94
Date of Test:	5/27/94
Length of Test:	4 hours
Production Method:	Pumping
Production:	27 MCFPD, 30 BW, 0 BO
Gas-Oil Ratio:	--
Pressures:	SICP 220#
Choke Size:	.875"
Testing Method:	Orifice Plate
Disposition of Gas:	Sold
Test Witnessed by:	Kevin King
Well Status:	Producing

RECEIVED
JUN - 3 1994
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 Marcia McCracken TITLE Production Technician DATE May 31, 1994

TYPE OR PRINT NAME Marcia McCracken TELEPHONE NO. (303)563-4000

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: