

Submit 3 Copies To Appropriate District Office  
 District I  
 1625 N. French Dr., Hobbs, NM 88240  
 District II  
 1301 W. Grand Ave., Artesia, NM 88210  
 District III  
 1000 Rio Brazos Rd., Aztec, NM 87410  
 District IV  
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
 Energy, Minerals and Natural Resources

Form C-103  
 Revised March 25, 1999

OIL CONSERVATION DIVISION  
 1220 South St. Francis Dr.  
 Santa Fe, NM 87505

WELL API NO. <b>30-015-04788</b>
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. <b>NM 081381-A</b>
7. Lease Name or Unit Agreement Name: <b>North East Square Lake</b>
8. Well No. <b>5</b>
9. Pool name or Wildcat <b>NE Square Lake</b>

**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  
**Aghorn Operating Inc.**

3. Address of Operator  
**P O Box 12663**

4. Well Location  
 Unit Letter **P** : **330** feet from the **South** line and **330** feet from the **West** line  
 Section **3** Township **16S** Range **31E** NMPM County **Eddy**

10. Elevation (Show whether DR, RKB, RT, GR, etc.)

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"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	VG OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input checked="" type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>		
OTHER: _____		_____	

*Mr. Barton:  
 This is preliminary,  
 unsigned. I have yet to  
 receive the results but will  
 forward signed original w/  
 chart when ready. JMS*

12. Describe proposed or completed operations. (Clearly starting any proposed work). SEE RULE 1103. For M recompilation.

1. Notified OCD of intention to work on well.  
 2. 06/07/02 MI RU, POOH w/ 113 jts. 2 3/8 & PKR. SDFN.  
 3. 06/10/02 RIH w/ 4 1/2 AD-1 PKR. set @ 3560' NU wellhead. RU pump, test csg. DID NOT TEST. Isolated hole in casing between 155' and 186'. POH. RIH w/ CIBP to 3460'. cap w/ 35' class "C" neat cmt. POOH, ND well head. Sqz. 60 sx. class "C" neat cmt. down 4 1/2 and up 8 5/8 csg. to surf. SDFN.  
 4. 06/11/02 RIH and tag cmt @ 20'. Pick up drill collars, RU power swivel, Drill down to 90'. Cmt. soft so SDFN.  
 5. 06/12/02 Drill from 90' to 154'. Fell out of cmt. Test csg. Csg held. RIH to 3460', drill to 3700'. Pressured up on casing. Did not get injection rate. POOH with tbg. SDFN.  
 6. 06/13/02 Layed down drill collars. RIH w/ 4 1/2 AD - 1 PKR. Set @ 3480. NU well head. Pressured up on csg. Csg. held for 30 min. RD move off.  
 7. Pressured up on 4 1/2 csg. to 500 PSL Csg. held. Chart attached. Witnessed by OCD.

*2 -> No Chart sent*

I hereby certify that the information above is true and correct.  
 This C-103 cannot be processed without the original chart and 2 copies.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Type or print name **Frosty Giam** Telephone No. **915-550-0804**  
 (This space for State use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE **JUL 2 2002**  
 Conditions of approval, if any:

Accepted for Record - NMCD