District Office		, Winerais and Natural H	Resources Department	ict in the second secon
<u>DISTRICT I</u> P.O. Box 1960, Hobbs, NM 88240		OIL CONSERVATION DIVISION 2040 Pacheco St.		WELL API NO.
<u>DISTRICT II</u> P.O. Drawer DD, Artesia, NM 88210		Santa Fe, NM 8	505	30-015-87364. 0 4 845
<u>DISTRICT III</u> 1000 Rio Brazos Rd., Aztec, I	NM 87410			STATE FEE FEE STATE FEE ST
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.)				<sup>7Lease</sup> Name or Unit Agreement Name North East Square Lake Premier Unit
Type of Well: OIL WELL	GAS WELL	OTHER WIW		
2Name of Operator AGHORN OPERATIN	NG, INC.	-		sWell No. 25
»Address of Operator P. O. Box 12663 Odes Well Location				Pool name or Wildcat NE Square Lake GB-SA North
	2310	Feet From TheS	Line and 990	Feet From TheE Line
10 Section	16S	Township 31E	Range	NMPM Eddy County
		10Elevation (Show whether DF,	RKB, RT, GR, etc.)	
11	Check A	ppropriate Box to Indicate Na	ature of Notice, Rep	port, or Other Data
		TENTION TO:	1	EQUENT REPORT OF:
'ERFORM REMEDIAL WORK		PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
EMPORARILY ABANDON		CHANGE PLANS COMMENCE DRILLING O		
ULL OR ALTER CASING			CASING TEST AND CEME	
)THER:			OTHER: TA	X
(2Describe Proposed or Compl work) SEE RULE 1103.	eted Operation	s (Clearly state all pertinent details, and give	pertinent dates, including esti	mated date of starting any proposed
3/1/2002 -	MIRU.	Dig out wellhead and found 4 1/2" nipple in casing corroded into two pieces.		
3/4/2002	ND WH	Cut out dutchman in 4 1/2" csg. Start out of hole w/tbg but was parted. RIH w/overshot. Latched onto tbg, released pkr. and Pooh w/117 jts. 2 3/8" tbg.		
3/5/2002	RIH	w/wireline and set CIBP @ 3700'. Cap w/4SXS Cl 'C' neat cement. Test CIBP & csg. to 500 psi for 30 min. Okay. ND BOP. NU Wellhead. RD MO clean location.		
		Chart attached. MI	T test witnes	sed by Mr. Bratcher.
		· · · · ·		
I hereby certify that the informa	ation above is	have and an available to the term of the	the second s	
SIGNATURE		and complete to the best of my knowled	ge and belief.	
	Ally	1	ge and belief.	DATE 6/27/2002
	Tally	1		DATE 6/27/2002 (915);550-0804 TELEPHONE NO.
TYPE OR PRINT NAME F	Tally	Σ τη	LE President	(915) <u>550</u> -0804 TELEPHONE NO.
TYPE OR PRINT NAME F (This space for State Use) APPROVED BY	<b>All</b> y rosty	Σ τη	LE President	(915) <u>550</u> -0804 TELEPHONE NO.
TYPE OR PRINT NAME F	<b>All</b> y rosty	Gilliam, Jr. Gilliam, Jr. Transcray Abendoned Status	President	(915) <u>550</u> -0804 TELEPHONE NO.
TYPE OR PRINT NAME F (This space for State Use) APPROVED BY	<b>All</b> y rosty	Gilliam, Jr.	President	(915) <u>550</u> -0804 TELEPHONE NO.

