

CISF
Op

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.
30-015-05866

5. Indicate Type of Lease
STATE FEE

6. State Oil & Gas Lease No.
LC 064756

7. Lease Name or Unit Agreement Name:
R. T. Wilson Federal

8. Well No. 3

9. Pool name or Wildcat
MASON DELAWARE NORTH

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 ODESSA, TEXAS 79768

4. Well Location
Unit Letter H : 1984 feet from the N line and 660 feet from the E line
Section 24 Township 26-5 Range 31-E 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"/> | COMMENCE DRILLING OPNS. <input type="checkbox"/> | PLUG AND ABANDONMENT <input type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/> | MULTIPLE COMPLETION <input type="checkbox"/> | CASING TEST AND CEMENT JOB <input type="checkbox"/> | |
| OTHER: <input type="checkbox"/> | | OTHER: <u>Return To Production</u> <input checked="" type="checkbox"/> | |

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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.

Well had been shut-in pending approval to convert to WIW.
ON February 11, 2002 electricians hooked up motor and panel, well was hot riled and turned to battery.
24 hour test on 2/15/02
Pumped 1.5 BOPD 3 BWPD 0 MCFD

I hereby certify that the information above is true and complete to the best of my knowledge and belief.
SIGNATURE [Signature] TITLE Field Rep ID DATE APR 1 2002

Type or print name _____ Telephone No. _____