Describe Proposed State Describe Propose	Office		State of New Mexico			Form C-103 Revised March 25, 1999	
1301 W. Grend Avenue, Ameria, N. M. 8230 1220 South St. Francis Dr. Santa Fe, N.M. 87505 Santa Fe, N.M. 8750					WELL API NO.		
1200 Rob Brown Rd. Asies, NM 87410 Santa Fe, NM 87505 Santa Fe, NM	1301 W. Grand Avenue, Artesia, NM 88210 OIL CONSERVATION DIVISION						
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1. Type of Well: Gas Well Other 2. Name of Operator Twining Drilling Corporation	(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A				7. Lease Name or Unit Agreement Name:		
2. Name of Operator Twining Drilling Corporation 3. Address of Operator 3.32 White Oak Drive NE, Albuquerque, NM 87122 4. Well Location Unit Letter N: 660 feet from the SOUTH line and 2310 feet from the WEST line Section 22 Township 4N Range 1E NMPM County SOCOTTO 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: REMEDIAL WORK PLUG AND ABANDON CEMENT OF: REMEDIAL WORK ALTERING CASING TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS PLUG AND ABANDONMENT PULL OR ALTER CASING MULTIPLE COMPLETION CHANGE PLANS ABANDON FRACE OF STATING OF STATING ABANDONMENT 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 recompletion. Frac Perfs 11,937 - 12,099 w/ 39,000# 20/40 Resin Coated Sand and 274,000 SCF N^2 Treating PSI 4900# Well Screened out and 6100#, 40% of Sand in Formation. Thereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE Hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE DATE 4/30/03 Type or print name Nathan A Twinipa Tolephone No. (505) 858-2238 Thile DISTRICT SUPERVISOR DATE 5/5/33					NAT		
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