Submit 3 Copies To Appropriate District Office	State of New Mexico		Form C-103
District I	Energy, Minerals and Natural Resources		Revised March 25, 1999 WELL API NO.
1625 N. French Dr., Hobbs, NM 88240 District II			30-053-20015
1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION		5. Indicate Type of Lease
District III 1220 South St. Francis Dr. 1000 Rio Brazos Rd., Aztec, NM 87410		STATE FEE	
District IV	District IV Santa Fe, NIVI 8/303		6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505			
SUNDRY NOTICES AND REPORTS ON WELLS			7. Lease Name or Unit Agreement Name:
(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			Allore
PROPOSALS.)		NFT	
1. Type of Well: Oil Well ☐ Gas Well ☒ Other:			
2. Name of Operator		7. Well No.	
Twining Drilling Corporation (TDC)		#3	
3. Address of Operator		9. Pool name or Wildcat	
322 White Oak Drive, Albuquerque, NM 87122 4. Well Location			Wildcat
4. Well Location			
Unit Letter B : 665	feet from the NORTH	line and 1975	feet from the EAST line
Section 27 Town	ship 4N Range 1E	NMPM	SOCORRO County
10. Elevation (Show whether DR, RKB, RT, GR, etc.)			
5300 GR			
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 WOR	
<u> </u>	_		
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRI	ABANDONMENT
PULL OR ALTER CASING	MULTIPLE  COMPLETION	CASING TEST AI	ND
07117			
OTHER:		1	forate, Acid and Swab
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.			
On Nov. 2, 2001, TDC perforated well at 4874 - 4904 feet, completed acid job with 2000 gallons 15% acid, and swabbed with KCL water.			
Please note this is a "TIGHT HOLE" well.			
I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
SIGNATURE NING G. Son TITLE Manager - Rield Genetion DATE 4/28/01			
Type or print name  Telephone No.			
(This space for State use)			
APPPROVED BY TITLE DISTRICT SUPERVISOR DATE 11/29/01			
Conditions of approval, if arty:			