

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

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

Form C-103
Revised March 25, 1999

WELL API NO.

30-061-20023

5. Indicate Type of Lease

STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name:

NFT

8. Well No.

#1

9. Pool name or Wildcat

Wildcat

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: **Re-Entry**

2. Name of Operator

Twining Drilling Corporation (TDC)

3. Address of Operator

322 White Oak Drive, Albuquerque, NM 87122

4. Well Location

Unit Letter **M** : **990** feet from the **SOUTH** line and **990** feet from the **WEST** line

Section **33** Township **5N** Range **1E** NMPM **VALENCIA** County

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

5192 GR

11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐ CHANGE PLANS ☐

PULL OR ALTER CASING ☐ MULTIPLE COMPLETION ☐

OTHER: **Acid** ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

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.

Revised March 11, 2002 Sundry Notice

During the week of March 11, 2002 intend to acidize zone at 6732-46 ft.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Nathan Twining TITLE President DATE April 2, 2002

Type or print name Nathan Twining

Telephone No. 505-856-2238

(This space for State use)

APPROVED BY R. E. Johnson TITLE DISTRICT SUPERVISOR DATE 4/5/02

Conditions of approval, if any