

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

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.)		WELL API NO. 30-053-20015
1. Type of Well: Oil Well ☐ Gas Well ☒ Other:		5. Indicate Type of Lease STATE ☐ FEE ☒
2. Name of Operator Twining Drilling Corporation (TDC)		6. State Oil & Gas Lease No.
3. Address of Operator 322 White Oak Drive, Albuquerque, NM 87122		7. Lease Name or Unit Agreement Name: NFT
4. Well Location Unit Letter B : 665 feet from the NORTH line and 1975 feet from the EAST line Section 27 Township 4N Range 1E NMPM SOCORRO County		7. Well No. #3
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 5300 GR		9. Pool name or Wildcat Wildcat

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: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: **Perforate, 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 *Dennis C. Jim* TITLE Manager - Field Operation DATE 4/28/01

Type or print name _____ Telephone No. _____
(This space for State use)

APPROVED BY *R. E. Johnson* TITLE **DISTRICT SUPERVISOR** DATE 4/29/01

Conditions of approval, if any: