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. **30-053-20015**

5. Indicate Type of Lease STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

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.)

7. Lease Name or Unit Agreement Name: **NFT**

1. Type of Well: Oil Well ☐ Gas Well ☒ Other:

2. Name of Operator **Twining Drilling Corporation (TDC)**

7. Well No. **#3**

3. Address of Operator **322 White Oak Drive, Albuquerque, NM 87122**

9. Pool name or Wildcat **Wildcat**

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

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 WORK	☐	ALTERING CASING	☐
TEMPORARILY ABANDON	☐	CHANGE PLANS	☐	COMMENCE DRILLING OPNS.	☐	PLUG AND ABANDONMENT	☐
PULL OR ALTER CASING	☐	MULTIPLE COMPLETION	☐	CASING TEST AND CEMENT JOB	☐		
OTHER:	☐			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 [signature] TITLE Manager - Field Operations DATE 11/28/01

Type or print name Telephone No.

(This space for State use)

APPPROVED BY [signature] TITLE DISTRICT SUPERVISOR DATE 11/28/01

Conditions of approval, if any: