

Submit 3 Copies To Appropriate District Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
811 South First, Artesia, NM 87210
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

Form C-103
Revised March 25, 1999

WELL API NO.
30005-60648

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.)

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

2. Name of Operator
MEIN Enterprise

3. Address of Operator
300. South Kentucky, Roswell N.M. 88230

4. Well Location

7. Lease Name or Unit Agreement Name:
Twin Lakes San Andres unit

8. Well No. 2

9. Pool name or Wildcat
Twin Lakes San Andres (Assoc)

Unit Letter K : 1650 feet from the South line and 2310 feet from the West line

Section 25 Township 8S Range 28E NMPM Chaves County

10. Elevation (Show whether DR, RKB, RT, GR, etc.)
3920 GL

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: <u>Prep to work on</u> ☒	

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.
02-03-03 start Flowing well back for Preparation
of work over Flow Rate 460 BBL's H₂O per day at 580#PSI

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

SIGNATURE Russell White TITLE owner DATE 02-23-03

Type or print name Russell White Telephone No. 627-2065
(This space for State use)

APPROVED BY _____ TITLE _____ DATE _____
Conditions of approval, if any:

Notify OGD 24 hrs. prior to any work done