NO. OF COPIES RECEIV	ED					Form C-103	\mathcal{C}	
DISTRIBUTION]				Supersedes Old C-102 and C-10		
SANTA FE		NE'	W MEXICO OIL CONS	ERVATION COMMISSION	E D	Effective 1-1-6		
FILE				\$				
U.S.G.S.					5a.	Indicate Type	of Lease	
LAND OFFICE		1		rcn 1 7 10°	5 A	State	Fee	
OPERATOR		‡		FEB 1 3 197	(4)	State Oil & Gas		
O' EKATOK		J			"	o u u u	2000 1101	
(DO NOT USE TH	SUNDR	Y NOTICES	AND REPORTS ON	WELLS O. C. C.	IDE N	HIIII		
	USE "APPLICAT	ION FOR PERMIT -	-** (FORM C-101) FOR SUC	H PROPOSALS.)				
I.	GAS WELL	OTHER-			7.	Unit Agreement	Name	
2. Name of Operator					8.	Farm or Lease	Name	
Twinlakes Oil Company						O'Brien C		
3. Address of Operator						Well No.	<u> </u>	
Box 1797, Santa Fe, New Mexico 87501						4		
4. Location of Well						. Field and Poo	l, or Wildcat	
		<i>6</i> A	North	2310			-	
UNIT LETTER	, _0	DV FEET	FROM THE North	LINE AND 2310	FEET FROM	TUTSYGE	- San And	
THE <u>West</u>	LINE, SECTIO	on 1	TOWNSHIP 95	RANGE28E	NMPM.			
mmm	rrrrrrr	· · · · · · · · ·	Clauration (Chair and and and	DE RT CP ata	——————————————————————————————————————	77777777	HHHHH	
		//////	Elevation (Show whether	Dr, ni, Gr, etc.)		, County		
illi lilli lilli	71111111	<u> </u>	3938 Gr		C	haves	$\Lambda IIIIIIII$	
16.	Check	Appropriate	Box To Indicate N	ature of Notice, Repo	ort or Other	Data		
N		NTENTION T			SEQUENT RE			
			.		e que in ini	-1 01(1 01 .		
							_	
PERFORM REMEDIAL WOR	′к 🗀		PLUG AND ABANDON	REMEDIAL WORK		ALTERI	NG CASING	
TEMPORARILY ABANDON				COMMENCE DRILLING OPNS.		PLUG AN	ID ABANDONMENT	
PULL OR ALTER CASING			CHANGE PLANS	CASING TEST AND CEMENT JO	в		_	
		•		OTHER				
OTHER								
· · · · · · · · · · · · · · · · · · ·								
17. Describe Proposed work) SEE RULE 1	or Completed Op	perations (Clearl	y state all pertinent deta	ails, and give pertinent dates	, including esti	mated date of s	tarting any propose	
work) JEE NOEE I	1001							
							1	
1-31-74:	Drilled	to T.D.	40'. Ran 40	' 8 5/8" 24# s	urtace (asing a	nd	
			mix cement.					
2- 1-74:	After W.	O.C. 24	noars pressu	red vp to 1000	#, loggi	ing no		
	decrease	aril1	ed out. ares	surad up to 10	304 1000	sing, no		
						,,		
	pressure	decreas	e. Dritted	andaa.				
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18 I hereby Santify that	the/information	Ahove is tene or	nd complete to the best	of my knowledge and belief.				
.o. I hereby certify that	. /	to a line at	Joinprote to the best (monteage and bettel.				
I_i	11 42 11	l						
SIGNED CLAN	(X/NI	Ellen	TITLE D :	resident		DATE 2/7/	74	
War of the state of								
) r	12 1					<i></i>	.	
(N).	.C. 121	essett	<i>nu</i>	AND GAS INSPECTOR		FEB	1 4 1974	
APPROVED BY	10	<u> </u>	TITLE _ UIL _			DATE		

CONDITIONS OF APPROVAL, IF ANY: