

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 87504

State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.
Santa Fe, NM 87504

Form C-103
Revised March 25, 1999

WELL API NO.

30-005-60659

5. Indicate Type of Lease

STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name:

Twin Lakes San Andres
Unit

8. Well No.

85

9. Pool name or Wildcat

Twin Lakes

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

2. Name of Operator

MEW Enterprise

3. Address of Operator

300 South Kentucky Roswell, N.M. 88203

4. Well Location

Unit Letter O : 990 feet from the South line and 2310 feet from the EAST line

Section 1

Township 9S

Range 28E

NMPM Chaves County

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

3970 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: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: Resume well to Production ☐

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.

01-03-03 Production 301 90H2O pumping 24 hrs
MIRU WSH, P004 w/ Production Equipment, Run Bit & Scraper
cnc hole clean Install new pumping equipment Put well to
pumping

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 01-23-03

Type or print name

Russell White

Telephone No.

(This space for State use)

APPROVED BY

TITLE

DATE

Conditions of approval, if any: