Submit 3 Copies to Appropriate District Office

DISTRICT I P.O. Box 1980, Hobbs, NM 88240

State of New Mexico

Ener Minerals and Natural Resources Department

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

ŕ	orm C	-103
R	ev l se d	1-1-4

OIL	CONSE	RVAT	TON D	IVISION

ELL API NO.	V
30-005-60717	
5. Indicate Type of Lesse STATE	FEE X
San Oil & Gas Lease No.	

DISTRICT II Santa Fe, New Mexico 8/304-2088 P.O. Drawer DD, Artesia, NM 88210	5. Indicate Type of Lease STATE FEE X
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	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 BAD DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	7. Lease Name or Unit Agreement Name Twin Lakes San Andreas Unit
1. Type of Well: OR. OAS WELL XX WELL OTHER	
2. Name of Operator	8. Well No. 44
Energy Development Corporation	9. Pool name or Wildcat
3. Address of Operator	Twin Lakes San Andreas Assoc
1000 Louisiana Suite 2900 Houston, TX 77002	TWIN Lakes San Anureas Assuc
4. Well Location	. 000 End From The East Line
Unit Letter P : 330 Feet From The South Line as	ad 990 rea rion the Last
Section 35 Township 8S Range 28E	NMPM Chaves County
//////////////////////////////////////	<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>
11. Check Appropriate Box to Indicate Nature of I	Notice, Report, or Other Data
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL	WORK X ALTERING CASING
	CE DRILLING OPNS. DE PLUG AND ABANDONMENT
	EST AND CEMENT JOB
OTHER: OTHER:	
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertine	nt dates, including estimated date of starting any proposed

work) SEE RULE 1103.

TA'd well returning to service.

7-11-91: WIH $\frac{\text{w}}{82}$ jts, 2-3/8 tbg w/ SN open-ended on BTM of string hung @ 2572'.

Ran a 2" x 1-1/2" x 10' RWBL pump, 101 3/4 " rods . POP.

	mation above is true and complete to the best of my knowled	tge and belief. The Senior Production Analyst	_ DATE 7-19-	91
SKINATURE TYPE OR PRINT NAME	Gene ¹ Linton		TELEPHONE NO	13-750-7563
(This space for State Use)	ORIGINAL SIGNED BY MIKE WILLIAMS		AU6	7 1991
APPROVED BY	SUPERVISOR, DISTRICT IT	TITLE	_ DATE	