## Submit 3 Copies to Appropriate District Office

## State of New Mexico Ener Minerals and Natural Resources Department

Form	C	10	3
Revis	d	1-1	45

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

DISTRICT

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

<b>TELL API NO.</b> 30-005-60732	
5. Indicate Type of Lease STATE	FEE XX

P.O. Drawer DD, Artesia, NM 88210	STATE FEE A	
DISTRICT III 1000 Rio Brizos 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 DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT (FORM C-101) FOR SUCH PROPOSALS.)	PLUG BACK TO A 7. Lease Name or Unit Agreement Name	
1. Type of Well:  OR. GAS WELL X WELL OTHER		
2 Name of Operator Energy Development Corporation	8. Well No.  24  9. Pool name or Wildcat	
3. Address of Operator 1000 Louisiana Suite 2900 Houston, Tx 77002	Twin Lakes San Andres Assoc.	
4. Well Location  Unit Letter H : 2310 Feet From The North	Line and990 Feet From TheEastLine	
Section 35 Township 8S Range	28E NMPM Chaves County  RKB, RT, GR, etc.) 3946.8 KB	
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 R	EMEDIAL WORK X ALTERING CASING	
TEMPOTORILET ADAILOCK	COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT	
L OR ALTER CASING CASING TEST AND CEMENT JOB		

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.

TA'd well returning to service.

WIH w/80 jts. 2-3/8 tbg. w/SN open-ended on BTM of string hung @ 2564'. Ran a 2" x 1-1/2" x 10' RWBL pump, 101 3/4" rods. POP. 7-10-91:

OTHER:

I hereby cerufy that the information above is true and complete to the best of my knowledge and belief. THE Senior Production Analyst DATE 7-19-91 Gene Linton TYPE OR PRINT NAME ORIGINAL SIGNED BY

(This space for State Use)

APPROVED BY

OTHER:

MIKE WILLIAMS

SUPERVISOR, DISTRICT IT

7 1991

CONDITIONS OF AFTROVAL, IF ANY: