Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, ierals and Natural Resources Department

Form C-103

DISTRICT

CONDITIONS OF APPROVAL, IF ANY:

OIL CONSERVATION DIVISION

Revised 1-1-89

 25/

F.O. Bux 1980, Hoods, NM 88240	P.O. Box 2088		30-005-60748		
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mexic	o 87504-2088	5. Indicate Type of Lease		
DISTRICT III			STATE FEE X		
1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease No.		
SUNDRY NOTIC	ES AND REPORTS ON W	ELLS			
( DO NOT USE THIS FORM FOR PROF	POSALS TO DRILL OR TO DEEP	EN OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name	22	
	OIR. USE "APPLICATION FOR F 01) FOR SUCH PROPOSALS.)	PERMIT			
1. Type of Well: OIL GAS WELL [X] WELL	OTHER H	ECEIVED	Twin Lakes (SA) WFU.		
2. Name of Operator Energy Developmen			8. Well No. #7		
3. Address of Operator	Corporacion V	F % 7 1991	9. Pool name or Wildcat		
1000 Louisiana, S	iite 2900	O. C. V.	Twin Lakes (SA) Assoc.		
L Well Location		Q.	90 East		
Unit Letter P :330	Feet From The South	Line and	90 Feet From The East L	ine	
Section 26	Township 8-S	Range 28-E	NMPM Chaves County	,	
	10. Elevation (Show wheth	er DF, RKB, RT, GR, etc.)	Y/////////		
	3942.2' KB		X////////////////////////////////		
	ppropriate Box to Indicate				
NOTICE OF INTE	ENTION TO:	SU	BSEQUENT REPORT OF:		
ERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING		
EMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLI	NG OPNS. DPLUG AND ABANDONMENT		
ULL OR ALTER CASING		CASING TEST AND	CEMENT JOB		
THER:		OTHER: TA'd w	ell returning to production	X	
12. Describe Proposed or Completed Operation	ons (Clearly state all pertinent details	, and give pertinent dates, inc	cluding estimated date of starting any proposed		
work) SEE RULE 1103.					
8-23-91: Ran 81	Jts. 2 3/8" J-55 TBC	G. & set TBG. un	anchored @ 2577'. Ran a 2" x 1	}" x 3	
			turned well to productive statu		
٠.					
I hereby certify that the information above is true	and complete to the best of my knowledge	and belief.			
SMINATURE A		Sr. Product	ion Analyst 9-17-91		
- CONTROL OF THE CONT	27		712 75	0-756	
TYPE OR PRINT NAME Gene Lint	OH		TELEPHONE NO. 713-750		