

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.G.S.	
LAND OFFICE	
OPERATOR	<input checked="" type="checkbox"/>

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

RECEIVED  
OCT 04 '88

Form C-103  
Revised 10-1-76

O. C. D.  
ARTESIA, OFFICE

5a. Indicate Type of Lease  
State ☐ Fee ☒  
5. 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 BACK TO A DIFFERENT RESERVOIR.  
USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name TLSAU
2. Name of Operator Pelto Oil Company	8. Farm or Lease Name
3. Address of Operator 500 Dallas, Suite 1800, Houston, TX 77002	9. Well No. 71
4. Location of Well UNIT LETTER B, 950 FEET FROM THE North LINE AND 1675 FEET FROM THE East LINE, SECTION 6 TOWNSHIP 9S RANGE 29E NMPM.	10. Field and Pool, or Wildcat Twin Lakes SA Assoc.
15. Elevation (Show whether DF, RT, GR, etc.) 3975 GR	12. County Chaves

16.

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐  
TEMPORARILY ABANDON ☐  
PULL OR ALTER CASING ☐  
OTHER ☐

PLUG AND ABANDON ☐  
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐  
COMMENCE DRILLING OPNS. ☐  
CASING TEST AND CEMENT JOBS ☐  
OTHER Bring back on production ☒  
ALTERING CASING ☐  
PLUG AND ABANDONMENT ☐

17. 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 producer, held for secondary recovery. TLSAU waterflood began April 20, 1988.  
TLSAU #71 brought back on production in May, 1988.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED [Signature]

TITLE Production Admin. Manager

DATE 9-27-88

Original Signed By  
Mike Wallinga

APPROVED BY \_\_\_\_\_

TITLE \_\_\_\_\_

DATE OCT 6 1988

CONDITIONS OF APPROVAL, IF ANY: