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State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103

Revised 1-1-89 District Office OIL CONSERVATION DIVISION WELL API NO. P.O. Box 1980, Hobbs, NM 88240 2040 Pacheco St. 30-053-20013 DISTRICT II Santa Fe. NM 87505 P.O. Drawer DD, Artesia, NM 88210 5. Indicate Type of Lease FEE X STATE 6. State Oil & Gas Lease No. 1000 Rio Brazos Rd., Aztec, NM 87410 SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) Type of Well: WELL. WELL. OTHER NFT #2 Exploration Name of Operator 8. Well No. TWINING DRILLING CORPORATION 9. Pool name or Wildcat Address of Operator 11515 Glendale Avenue N.E., Albuquerque, NM 87122 Wildcat Well Location D : 850' Feet From The North 750' __ Feet From The West Line and 28 Range **NMPM** Socorro Township Section County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 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 REMEDIAL WORK ALTERING CASING X **CHANGE PLANS** TEMPORARILY ABANDON COMMENCE DRILLING OPNS. PLUG AND ABANDONMEN CASING TEST AND CEMENT JOB PULL OR ALTER CASING OTHER: OTHER:_ 12. Describe Proposed or Completed Operations (Clearly state all persinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103. The subject well was drilled to 8400'. 9 5/8" 36#/ft. surface casing was run to a depth of 1019' and cemented to surface. Intermediate casing was set as follows: 31 JTS 7" N80 23# LTC (1352'); 90 JTS 7" J55 23# LTC (4045); 36 JTS 7' N80 23# LTC (1575); 33 JTS 7" S95 23# LTC (1431) totaling 8404'. Both cement jobs were performed by Dowell. A pressure valve was connected to casing at surface. Intend to temporarily abandon, while waiting on larger rig to continue drilling operations under a new bond, for depth to exceed 10,000'. in true and complete to the best of my knowledge and belief. I hereby certify that the information at 6/10/99 TYPE OR PRINT NAME NATHAN TWINING

DISTRICT SUPERVISOR

CONDITIONS OF APPROVAL, IF ANY:

(This space for State Use)

APPROVED BY