Submit 3 Copies To Appropriate District Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-103
Revised May 08, 2003

WELL API NO. 30-005-60468
5. Indicate Type of Lease STATE ☐ FEE ☐
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 BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

7. Lease Name or Unit Agreement Name: TWIN LAKES SAN ANDRES Unit

1. Type of Well: Oil Well ☐ Gas Well ☐ Other Injection

RECEIVED
APR 0 6 2004
OCD-ARTESIA

8. Well Number: 616

2. Name of Operator: M.E.W. Enterprise

9. OGRID Number: 160190

3. Address of Operator: 300 S. Kentucky Ave. Roswell, NM 88203

10. Pool name or Wildcat: TWIN LAKES SAN ANDRES ASSOC.

4. Well Location

Unit Letter G : 1650' feet from the North line and 2310' feet from the EAST line

Section 01 Township 09S Range 28E NMPM County CHAVES

11. Elevation *(Show whether DR, RKB, RT, GR, etc.)*

12. 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 ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	MULTIPLE COMPLETION ☐	CASING TEST AND CEMENT JOB ☐	
OTHER: ☐		OTHER: Resume Injection ☒	

13. 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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Repaired tubing leak. Well back up

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

Accepted for record - NMOCD

SIGNATURE Russell Whited TITLE _____ DATE 4-5-04

Type or print name Russell Whited Telephone No. 505-627-2065

(This space for State use)

APPPROVED BY _____ TITLE _____ DATE _____

Conditions of approval, if any: