

Submit 3 Copies To Appropriate District Office

District I

1625 N. French Dr., Hobbs, NM 88240

District II

811 South First, Artesia, NM 87210

District III

1000 Rio Brazos Rd., Aztec, NM 87410

District IV

1220 S. St. Francis Dr., Santa Fe, NM 87504

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103

Revised March 25, 1999

AUG 2003

RECEIVED OIL CONSERVATION DIVISION

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87504

WELL API NO.

30-005-61334

5. Indicate Type of Lease

STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name:

TWIN LAKES SAN ANDRES UNIT

8. Well No.

108

9. Pool name or Wildcat

TWIN LAKES

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. Type of Well:

Oil Well ☒ Gas Well ☐ Other ☐

2. Name of Operator

MEW Enterprise

3. Address of Operator

300 S. Kentucky Roswell, NM 88203

4. Well Location

Unit Letter J : _____ feet from the _____ line and _____ feet from the _____ line

Section 07 Township 09S Range 29E NMPM County CHAVES

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

11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐ CHANGE PLANS ☐

PULL OR ALTER CASING ☐ MULTIPLE COMPLETION ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: Resume production ☒

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

Resume well to production July 18th 2003

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

SIGNATURE Russell Whited TITLE _____ DATE 8-1-03

Type or print name Russell Whited Telephone No. (505) 627-2065
(This space for State use)

APPROVED BY _____ TITLE _____ DATE _____
Accepted for record - NMOC

Conditions of approval, if any: