

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
Minerals and Natural Resources

Form C-103
Revised March 25, 1999

WELL API NO. 30-005-60844
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.)

1. Type of Well:
Oil Well ☒ Gas Well ☐ Other ☐
2. Name of Operator
MEW Enterprise
3. Address of Operator
300 South Kentucky Roswell NM 88203
4. Well Location

7. Lease Name or Unit Agreement Name:
Twin Lake San Andres Unit
8. Well No.
102
9. Pool name or Wildcat
Twin Lakes

Unit Letter F : 1980 feet from the North line and 1980 feet from the West line
Section 7 Township 9S Range 29E NMPM Chaves County

10. Elevation (Show whether DR, RKB, RT, GR, etc.)
3915 GR

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 Well to 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. 12-18-02. well Returned to production

12-13-18-02 MIREU WSU, Trip out Laying dn Rods & Tbs. Pick-up new Tbs, RIH w/ B.t. Scraper, Trip out. Run in hole w/ new production Eqp. hung on Test 12-19-02 10il 90 H₂O

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

SIGNATURE Russell White TITLE owner DATE 12-26-02

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

APPROVED BY _____ TITLE _____ DATE _____
Conditions of approval, if any:

Accepted for record - NMOC