

**DISTRICT I**  
P. O. Box 1980, Hobbs, NM 88240

**OIL CONSERVATION DIVISION**  
P. O. Box 2088  
Santa Fe, New Mexico 87504-2088

**DISTRICT II**  
P. O. Drawer DD, Artesia, NM 88210

**DISTRICT III**  
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO. 30-005-60995
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Twin Lakes SA Unit
8. Well No. 78
9. Pool name or Wildcat Twin Lakes SA (Assoc.)

**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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Injector
2. Name of Operator Energy Development Corporation
3. Address of Operator 1000 Louisiana, Ste. 2900, Houston, TX 77002
4. Well Location Unit Letter <u>K</u> : <u>2310</u> Feet From The <u>South</u> Line and <u>1650</u> Feet From The <u>West</u> Line Section <u>6</u> Township <u>9S</u> Range <u>29E</u> NMPM Chaves County
10. Elevation (Show whether DF, RKB, RT, GR, etc.)

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data			
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST & CEMENT JOB <input type="checkbox"/>	
OTHER: _____ <input type="checkbox"/>		OTHER: _____ <input type="checkbox"/>	

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.

Pulled tubing, replaced packer, tested tubing while running the packer. Found no bad joints. Set new packer and tested casing to 300 psi.

RECEIVED

SEP 11 1995

OIL CON. DIV.  
DIST. 2

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

SIGNATURE <u>Paul E. Schwing</u>	TITLE <u>Engineer, Regulatory &amp; Environmental Affrs.</u>	DATE <u>8-30-95</u>
TYPE OR PRINT NAME <u>Paul E. Schwing</u>	TELEPHONE NO. <u>713-750-7534</u>	

(This space for State Use)

APPROVED BY <u>ORIGINAL TIM W. GUM</u>	TITLE <u>DISTRICT II SUPERVISOR</u>	DATE <u>AUG 12 1995</u>
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CONDITIONS OF APPROVAL, IF ANY: