| Submit 3 Copies to Appropriate District Office DISTRICT I | State of New Energy, Minerals and Natura OIL CONSERVAT | l Resources Department | Santa Form C-103 Operator Revised 1-1-89 | |
|---|--|--|--|--|
| P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Artesia, NM 88210 | P.O. Box Santa Fe, New Mexi | 2088 | WELL API NO. 5. Indicate Type of Lease | |
| DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 | STATE FEE X 6. State Oil & Gas Lease No. | | | |
| SUNDRY NOTI (DO NOT USE THIS FORM FOR PRO DIFFERENT RESER (FORM C | 7. Lease Name or Unit Agreement Name | | | |
| 1. Type of Well: Oil GAS WELL X WELL 2. Name of Operator | OTHER | JUN 05 189 | Twin Lakes - San Andres Unit | |
| Pelto Oil Compar Address of Operator | ıy / | Q. C. D. | 8. Well No. 88 | |
| 500 Dallas, Suite 1800 |), Houston, TX 7700 | 2 ARTHUM, CARLE | 9. Pool name or Wildcat Twin Lakes - San Andres #5500 | |
| Unit Letter 0 : 99 | Feet From TheSouth_ | Line and231 | O Feet From The East Line | |
| | Township 9S 10. Elevation (Show what 393) | Range 29E ther DF, RKB, RT, GR, etc.) 5.2 KB | NMPM Chaves County | |
| NOTICE OF INT | Appropriate Box to Indica | _ | - | |
| PERFORM REMEDIAL WORK | PLUG AND ABANDON | SUE REMEDIAL WORK | SSEQUENT REPORT OF: | |
| TEMPORARILY ABANDON | CHANGE PLANS | COMMENCE DRILLING | ALTERING CASING G OPNS. PLUG AND ABANDONMENT | |
| PULL OR ALTER CASING | _ | CASING TEST AND C | | |

Under verbal approval from Johnny Robinson, District II NMOCD, Pelto Oil Company proposes to pull the injection tubing and packer in order to inspect the same

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed

along with the casing, if necessary, to determine why the well failed to pass the mechanical integrity test 5-12-89. We expect to begin this work 5-17-89.

OTHER:

work) SEE RULE 1103.

| I hereby durity that the information above incrus in some success and the succ | ٨ | | | | |
|--|---------------------------|-------|-----------------|-------------|---------------|
| MONATURE Desnis Mals | ٨ | | | | |
| BONATURE Desnis Mals | ٨ | | | | |
| SIONATURE Desnis Mals | ٨ | | | | |
| _ / | /X | | | _ | |
| THE OR PRINT HAVE BEEN OF | | mle | Mgr. Prod. Adm. | DATE6 | /2/89 |
| | 10/500 | | | TELEPHONE N | 10(713)657-10 |
| This space for State Use) ORIGII | NAL SIGNED BY WILLIAMS | | | | 0.4000 |
| | RVISOR, DISTRICT I | 9 mue | | JI | JN 6 1989 |
| CONDITIONS OF APPROVAL, IF ANY: | | • | | | |



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