

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Santa Fe	
File	
BLM	
Land Office	
B of M	
Operator	

Form C-103
Revised 1-1-89

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

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

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

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

WELL API NO.
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
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.)

RECEIVED

1. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>
2. Name of Operator Petro Oil Company
3. Address of Operator 500 Dallas, Suite 1800, Houston, TX 77002

JUN 05 '89

O. C. D.
ARTESIA, OFFICE

7. Lease Name or Unit Agreement Name Twin Lakes San Andres Unit
8. Well No. 95
9. Pool name or Wildcat Twin Lakes - San Andres Assoc

4. Well Location Unit Letter A : 330 Feet From The North Line and 990 Feet From The East Line Section 7 Township 9S Range 29E NMPM Chaves County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3920' KB

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"/>	REMEDIAL WORK <input checked="" type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND 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.

5-18-89 Pulled injection tubing and packer. Found a hole in the bottom joint of tubing. We replaced the bad joint. Went in hole with Halliburton R-4 packer open-ended on bottom of 84 joints 2-3/8" plastic coated tubing, set packer @ 2771'. Loaded casing-tubing annulus with corr. inhib wtr, pressured annulus to 350 psi. Hooked up recorder, ran chart 15 minutes. Held good. Returned well to injection.

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

SIGNATURE Bernie Malson TITLE Mgr. Prod. Adm. DATE 6/2/89

TYPE OR PRINT NAME Bernie Malson TELEPHONE NO. (713) 651-180

(This space for State Use)

ORIGINAL SIGNED BY
MIKE WILLIAMS
SUPERVISOR, DISTRICT II

APPROVED BY _____ TITLE _____ DATE JUN 6 1989

CONDITIONS OF APPROVAL, IF ANY: