

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

CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

WELL API NO.
30-005-61116

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
Energy Development Corporation

3. Address of Operator
1000 Louisiana, Ste #2900, Houston, Texas 77002

4. Well Location
Unit Letter F : 1650 Feet From The North Line and 330 Feet From The West Line
Section 8 Township 9 S Range 29E NMPM Chaves County

7. Lease Name or Unit Agreement Name
Twin Lakes San Andres Unit

8. Well No.
104

9. Pool name or Wildcat
Twin Lakes SA (Assoc)

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:

PERFORM REMEDIAL WORK ☒ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: ☐

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.

Proposed to begin pulling well on July 31, 1995. It is proposed to pull the tubing and locate source of problem relating to Mechanical Integrity Test.

1. Pull TBG and packer.
2. RIH with test packer to locate hole.
3. Repair problem by either squeeze, replacement of TBG or packer. Test Integrity POOH.
4. RIH with TBG and packer. Perform Mechanical Integrity Test and place well back on production.

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

SIGNATURE [Signature] TITLE Supervisor, Regulatory & Environmental DATE 7/27/95

TYPE OR PRINT NAME _____ TELEPHONE NO. _____

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

AUG 31 1995