

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Santa Fe	<input checked="" type="checkbox"/>
File	<input checked="" type="checkbox"/>
BLM	<input type="checkbox"/>
Land Office	<input type="checkbox"/>
B of M	<input type="checkbox"/>
Operator	<input checked="" type="checkbox"/>

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 ☐ FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

Twin Lakes San Andres Unit

8. Well No.  
108

9. Pool name or Wildcat  
Twin Lakes - San Andres

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  
Pelto Oil Company

3. Address of Operator  
500 Dallas, Suite 1800, Houston, TX 77002

4. Well Location  
Unit Letter J : 2310 Feet From The South Line and 2310 Feet From The East Line  
Section 7 Township 9S Range 29E 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:

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.

Pelto Oil Company intends to pull rods and tubing. Set CIBP @ 2654', run casing inspection logs and packer if necessary to check casing integrity. If a casing leak is found we will either squeeze cement or pull and replace casing depending on the severity of corrosion.

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

SIGNATURE Bernie Malson TITLE Production Adm. Mgr. DATE 6/6/89

TYPE OR PRINT NAME Bernie Malson TELEPHONE NO. 713/651-1800

(This space for State Use)

ORIGINAL SIGNED BY

MIKE WILLIAMS

SUPERVISOR, DISTRICT II

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONTINUATION OF APPROVAL IF ANY

JUN 14 1989