Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

DISTRICTI	IL CONSERVATIO	N DIVISION	WELL API NO.
P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088			30-005-61454
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mexico	83 <u>604-</u> 208B	5. Indicate Type of Lease
DISTRICT III 0000 Rio Brazos Rd., Aziec, NM 87410		SEP - 8 1993	STATE FEE LXX 6. State Oil & Gas Lease No.
CUMORY MOTICE	S AND REPORTS ON WEL	Q. (, D.	
DIFFERENT RESERVO	SALS TO DRILL OR TO DEEPEN NR. USE "APPLICATION FOR PER I) FOR SUCH PROPOSALS.)		7. Lease Name or Unit Agreement Name Twin Lakes San Andres Unit
. Type of Well: OL GAS WELL X WELL	/ OTHER		(TLSAU)
Name of Operator			8. Well No.
Energy Development Corpor	ation $\sqrt{}$		9. Pool name or Wildcat
Address of Operator	Houston Tw 77002		Twin Lakes San Andres Assoc
1000 Louisiana, Ste. 2900 Well Location			
Unit Letter C : 330	Feet From The North	Line and 1,65	O Feet From The West Lin
0	Township 9S Ra	.nge 29E	NMPM Chaves County
Section 10	10. Elevation (Show whether	DF, RKB, RT, GR, etc.)	<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>
	3,962' EL		
-	propriate Box to Indicate 1	Nature of Notice, I	Report, or Other Data
NOTICE OF INTE	NTION TO:	SU	BSEQUENT REPORT OF:
ERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
EMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLIN	IG OPNS PLUG AND ABANDONMENT
ULL OR ALTER CASING		CASING TEST AND C	4
THER:		OTHER: Tempora	ry Abandonment
12. Describe Proposed or Completed Operation work) SEE RULE 1103.	s (Clearly state all pertinent details, at	nd give pertinent dates, incl	luding estimated date of starting any proposed
perations commenced Augus	: 2,731.5-2,747' MD) D. Found leak in 4-1/	with 35' of Cl [/] 2 <mark>" casing bet</mark> w	pump & anchor. Set CIBP at ass "H" cement on top of CIBP. een 374-405' MD by use of a
Ran cement bond log per Noehind 4-1/2" casing at a	4r. Gary Williams, NN oproxiamtely 430' MD.	4 Oil Conservat	ion Division. Top of cement
Operations ceased August	17, 1993.		
I hereby certify that the information above is true an	d complete to the best of my knowledge an	d belief.	

Company of the second s	•
I hereby certify that the information above is true and complete to the best of my knowledge and believed. SIGNATURE TITLE	Reg. & Env'l Affairs Engr _{DATE} 8-26-93
TYPE OR PRINT NAME Paul E. Schwing	TELEPHONE NO.
(This space for State Use)	
CONDITIONS OF APPROVAL, IF ANY:	DATE

PECEIVED

SEP 0 7 1993

OFFICE