

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-108  
Revised 1-1-89

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

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

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

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

WELL API NO. 306015-02078

5. Indicate Type of Lease STATE  FEE

6. State Oil & Gas Lease No. B-647

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.)

7. Lease Name or Unit Agreement Name

Twin Lakes

1. Type of Well:  
OIL WELL  GAS WELL  OTHER  WDW

8. Well No. 13

2. Name of Operator  
Hansom Energy

3. Address of Operator  
R 342 S Haldeman Rd., Artesia, NM 88210

9. Pool name or Wildcat  
Artesia Q-GR-SA

4. Well Location  
Unit Letter K : 1330 Feet From The S Line and 2310 Feet From The W

Section 28 Township 14S Range 28E NMPM EDDY 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:                        |   | SUBSEQUENT REPORT OF:                               |   |
|--|---|---|---|
| PERFORM REMEDIAL WORK <input type="checkbox"/> | PLUG AND ABANDON <input type="checkbox"/> | REMEDIAL WORK <input checked="" type="checkbox"/>   | ALTERING CASING <input type="checkbox"/>      |
| TEMPORARILY ABANDON <input type="checkbox"/>   | CHANGE PLANS <input type="checkbox"/>     | COMMENCE DRILLING OPNS. <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: MIT <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.

Rebuilt Head and Pack off rubber. Tested OK, Notified  
OCD and set retest for 5-11-01. Had to tighten Head at test.  
Tested OK



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

SIGNATURE Dalton Bell TITLE Agent DATE 5-21-01

TYPE OR PRINT NAME Dalton Bell TELEPHONE NO 505-748-2134

(This space for State Use)  
Bump COMPLIANCE OFFICER DATE 9-20-01