

Santa Fe Main Office  
Phone: (505) 476-3441  
General Information  
Phone: (505) 629-6116

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103  
Revised July 18, 2013

Online Phone Directory Visit:  
<https://www.emnrd.nm.gov/ocd/contact-us/>

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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 <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other Injection		WELL API NO. <b>30-025-06929</b>
2. Name of Operator <b>SOUTHWEST ROYALTIES, INC.</b>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
3. Address of Operator <b>P.O. BOX 53570; MIDLAND, TEXAS 79710</b>		6. State Oil & Gas Lease No.
4. Well Location Unit Letter <u>      </u> E <u>      </u> : <u>      </u> 1980 <u>      </u> feet from the <u>      </u> NORTH <u>      </u> line and <u>      </u> 810 <u>      </u> feet from the <u>      </u> West <u>      </u> line Section <u>      </u> Township <u>      </u> Range <u>      </u> NMPM <u>      </u> County <u>      </u>		7. Lease Name or Unit Agreement Name <b>CENTRAL DRINKARD UNIT</b>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3468'		8. Well Number <u>      </u> #137
9. OGRID Number 21355		10. Pool name or Wildcat DRINKARD

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

<b>NOTICE OF INTENTION TO:</b> PERFORM REMEDIAL WORK <input checked="" type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/> CLOSED-LOOP SYSTEM <input type="checkbox"/> OTHER: <input type="checkbox"/>		<b>SUBSEQUENT REPORT OF:</b> REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: <input type="checkbox"/>	
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13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

**RU the well service unit.**

**NU the BOP.**

**POOH tbg hydro testing to 5,000 psi.**

**Identify and replace the damaged jt of tbg.**

**RIH w/ tbg & pkr.**

**ND the BOP.**

**Secure the well and Inform NMOCD for MIT.**

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

SIGNATURE Lindsay Livesay TITLE Regulatory Analyst DATE 07/22/2025

Type or print name Lindsay Livesay E-mail address: llivesay@swrpermian.com PHONE: (432)207-3054

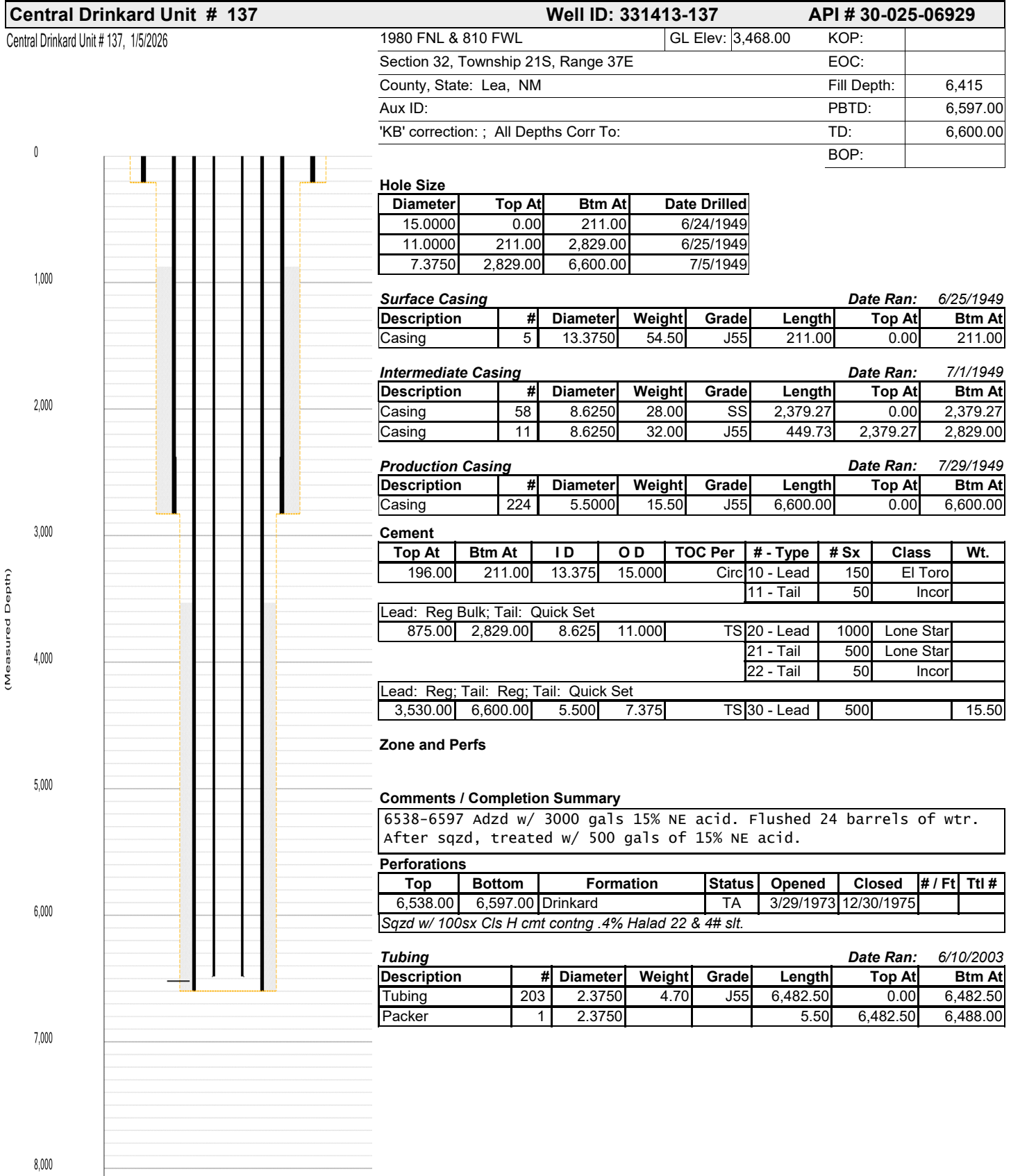
**For State Use Only**

APPROVED BY: \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
 Conditions of Approval (if any): \_\_\_\_\_

# CURRENT Wellbore Schematic

Printed: 1/5/2026

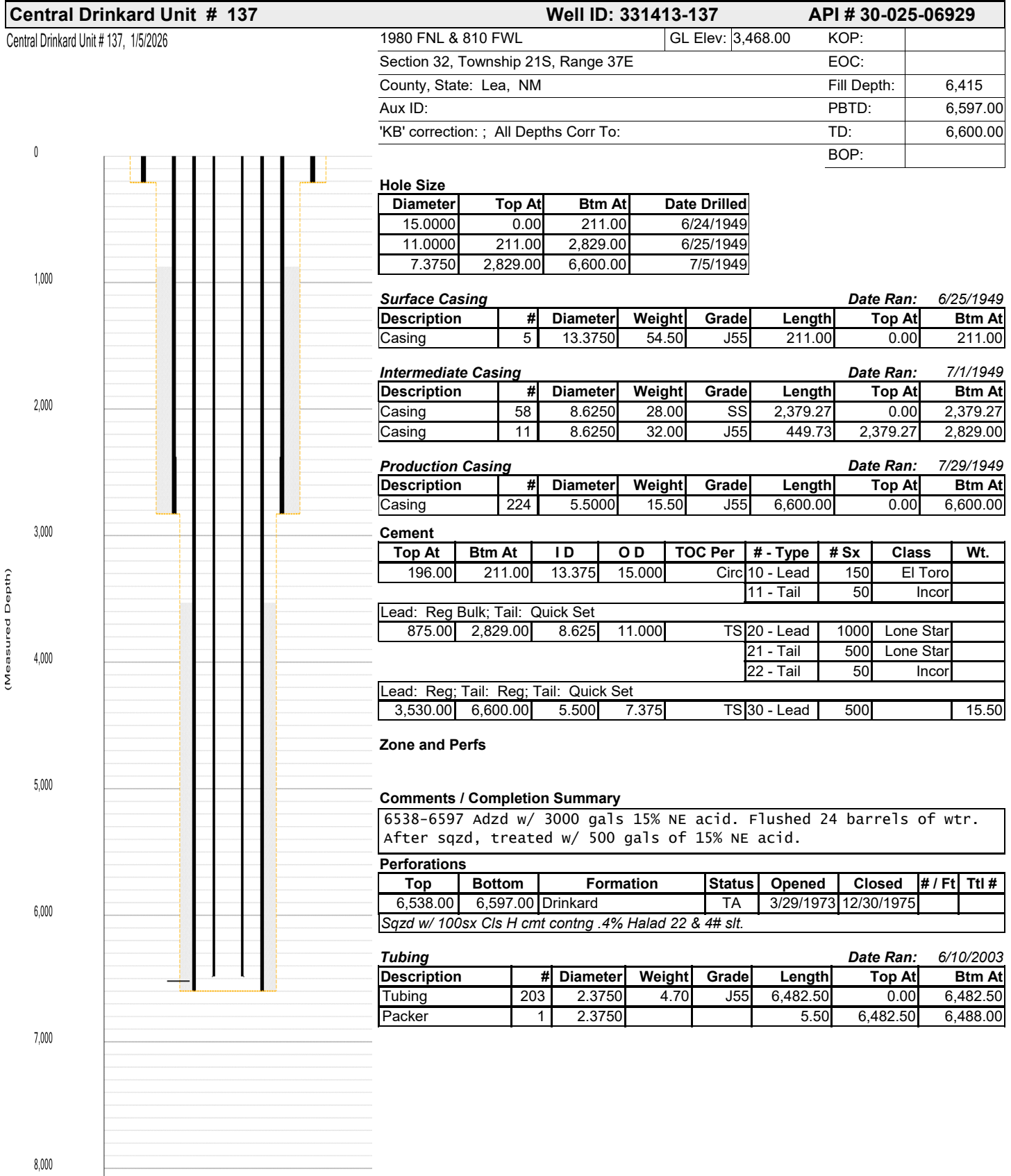
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# PROPOSED Wellbore Schematic

Printed: 1/5/2026

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CONDITIONS

Action 540220

CONDITIONS

Operator: SOUTHWEST ROYALTIES INC P O BOX 53570 Midland, TX 79710	OGRID: 21355
	Action Number: 540220
	Action Type: [C-103] NOI Workover (C-103G)

CONDITIONS

Created By	Condition	Condition Date
pgoetze	None	1/9/2026