

Submit 1 Copy To Appropriate District
Office
District I - (575) 393-6161
1625 N. French Dr., Hobbs, NM 88240
District II - (575) 748-1283
811 S. First St., Artesia, NM 88210
District III - (505) 334-6178
1000 Rio Brazos Rd., Aztec, NM 87410
District IV - (505) 476-3460
1220 S. St. Francis Dr., Santa Fe, NM
87505

State of New Mexico
Energy, Minerals and Natural Resources

Rec'd 06/12/2020 - NMOCD

Form C-103
Revised July 18, 2013

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

WELL API NO. 30-025-05610
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No. B-2656
7. Lease Name or Unit Agreement Name STATE A 17
8. Well Number #1
9. OGRID Number 21355
10. Pool name or Wildcat EUMONT; YATES-7 RVRS-QN

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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>	
2. Name of Operator SOUTHWEST ROYALTIES, INC.	
3. Address of Operator P.O. BOX 53570; MIDLAND, TEXAS 79710	
4. Well Location Unit Letter M : 660 feet from the SOUTH line and 660 feet from the WEST line Section 17 Township 19S Range 37E NMPM LEA County	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3,715' GR	

12. 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 type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>	OTHER: <input type="checkbox"/>	OTHER: Return to Production <input checked="" type="checkbox"/>	

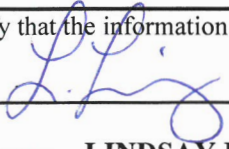
13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

6/8-10/2020: RU WSU. Removed WH, LD rods and work stuck pump. Hot oiled csg to work stuck pump. POOH with rods. RU to pull tbq. POOH with tbq and pump. TIH with 2-3/8" tbq. NU WH. RIH with 3/4" rods and 2X1-1/4"X20' RHBC pump. Returned well to production. RD WSU 6/10/2020.

24 Hr Test: 1 BO, 1 MCF, and 30 BWPD.

**DENIED WELL FILE APPEARS TO BE INCOMPLETE
PAPERWORK IN WELL FILE INDICATES WELL WAS PA
NOT RELEASED IN 2017. WAS THIS WELL REENTERED????**

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

SIGNATURE  TITLE REGULATORY ANALYST DATE 06/11/2020
Type or print name LINDSAY LIVESAY E-mail address: llivesay@swrpermian.com PHONE: (432) 207-3054

For State Use Only

APPROVED BY: _____ TITLE _____ DATE 07/14/2020
Conditions of Approval (if any): _____