

Office
District I
1623 W. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88218
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St Francis Dr., Santa Fe, NM 87505

RECEIVED
CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505
DEC 21 2009
HOBBSOCD

WELL API NO. 30-025-30155
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. NM LC 010643
7. Lease Name or Unit Agreement Name MARALO STATE
8. Well Number 2
9. OGRID Number 021355
10. Pool name or Wildcat SWD: SAN ANDRES
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3707' GR

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 SWD

2. Name of Operator
SOUTHWEST ROYALTIES, INC.

3. Address of Operator
6 DESTA DRIVE, STE 2100, MIDLAND, TEXAS 79705

4. Well Location
Unit Letter N : 330 feet from the S line and 1650 feet from the W line
Section 28 Township 18S Range 37E NMPM LEA County

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 checked="" 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"/>			
OTHER: <input type="checkbox"/>		OTHER: MIT <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.

RISER INSTALLED AND APPROVED. WELL BACK ON ACTIVE INJECTION THIS DATE.

Spud Date: 04/10/95 Rig Release Date: 04/11/95

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

SIGNATURE *Dawn M. Howard* TITLE OPERATIONS ASSISTANT DATE 12/17/09

Type or print name DAWN M. HOWARD E-mail address: dhoward@claytonwilliams.com PHONE: 432/688-3267

For State Use Only

APPROVED BY: *Tony W. Hill* TITLE DISTRICT 1 SUPERVISOR DATE DEC 23 2009

Conditions of Approval (if any):