

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 88201
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

Form C-103
Revised July 18, 2013

HOBBS OCC CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505
JUL 18 2019

SUNDRY RECEIVED 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.)		WELL API NO. 30-025-24702
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator SOUTHWEST ROYALTIES, INC.		6. State Oil & Gas Lease No.
3. Address of Operator P.O. BOX 53570; MIDLAND, TEXAS 79710		7. Lease Name or Unit Agreement Name FLYING M SA UNIT
4. Well Location Unit Letter G : 1980 feet from the NORTH line and 1980 feet from the EAST line Section 29 Township 09S Range 33E NMPM LEA County ✓		8. Well Number #1A6 (#16)
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4331.7' GR		9. OGRID Number 21355
		10. Pool name or Wildcat FLYING M; SAN ANDRES

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input checked="" 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"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: <input 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.

6/18/19: MIRU Pulling unit (Joes Well Service)

6/19/19: POOH rods/pump. R&R pump. RIH repaired pump. HWO, RWTP.

6/20/19: 24hr well test: 0.5 bopd, 0 mcf, 14 bwpd

On NMOCD Inactive List

Spud Date:

03/31/1974

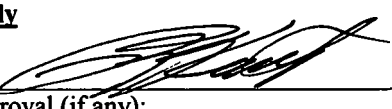
Rig Release Date:

04/11/1974

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

SIGNATURE  TITLE **REGULATORY ANALYST** DATE **06/21/2019**

Type or print name **LINDSAY LIVESAY** E-mail address: **llivesay@swrpermian.com** PHONE: **432/207-3054**
For State Use Only

APPROVED BY:  TITLE **Petroleum Engineer** DATE **07/20/19**
Conditions of Approval (if any):