

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

Form C-103
Revised July 18, 2013

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

WELL API NO. 30-025-29487
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No. 058102
7. Lease Name or Unit Agreement Name FLYING M SA UNIT
8. Well Number #136
9. OGRID Number 21355
10. Pool name or Wildcat FLYING M SAN ANDRES
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4389' 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 ☒ INJECTION

2. Name of Operator
SOUTHWEST ROYALTIES, INC.

3. Address of Operator
P.O. BOX 53570; MIDLAND, TEXAS 79710-3570

4. Well Location
Unit Letter **A** : **660** feet from the **NORTH** line and **660** feet from the **EAST** line
Section **20** Township **9S** Range **33E** NMPM **LEA** County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
4389' 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: <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.

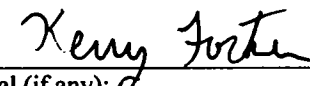
Conducted an MP test on the Flying M SA Unit #136 wellbore as requested and required by rule on 8/15/19. Attached you will find the chart, test was witnessed by OCD representative Daniel Olivas.

Spud Date: Rig Release Date:

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

SIGNATURE  TITLE REGULATORY ANALYST DATE 08/21/2019

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

APPROVED BY:  TITLE C.O. A DATE 9-6-19
Conditions of Approval (if any):

