

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-105
 Revised July 18, 2013

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

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 type="checkbox"/> Gas Well <input type="checkbox"/> Other <input checked="" type="checkbox"/> INJECTION		WELL API NO. 30-025-20631
2. Name of Operator SOUTHWEST ROYALTIES, INC.		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
3. Address of Operator P.O. BOX 53570; MIDLAND, TEXAS 79710-3570		6. State Oil & Gas Lease No.
4. Well Location Unit Letter N : 660' feet from the SOUTH line and 1985' feet from the WEST line Section 21 Township 09S Range 33E NMPM LEA County		7. Lease Name or Unit Agreement Name FLYING M SAN ANDRES UNIT
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4352' GR		8. Well Number #152
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		9. OGRID Number 21355
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input 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"/>		SUBSEQUENT REPORT OF: 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: MIT TEST <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.

**SUCCESSFUL 5 YEAR MIT TEST PERFORMED ON WELL AS REQUESTED BY NMOCD.
 MIT CHART ATTACHED FOR RECORD.**

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

SIGNATURE  TITLE **REGULATORY ANALYST** DATE **06/23/2021**

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

For State Use Only

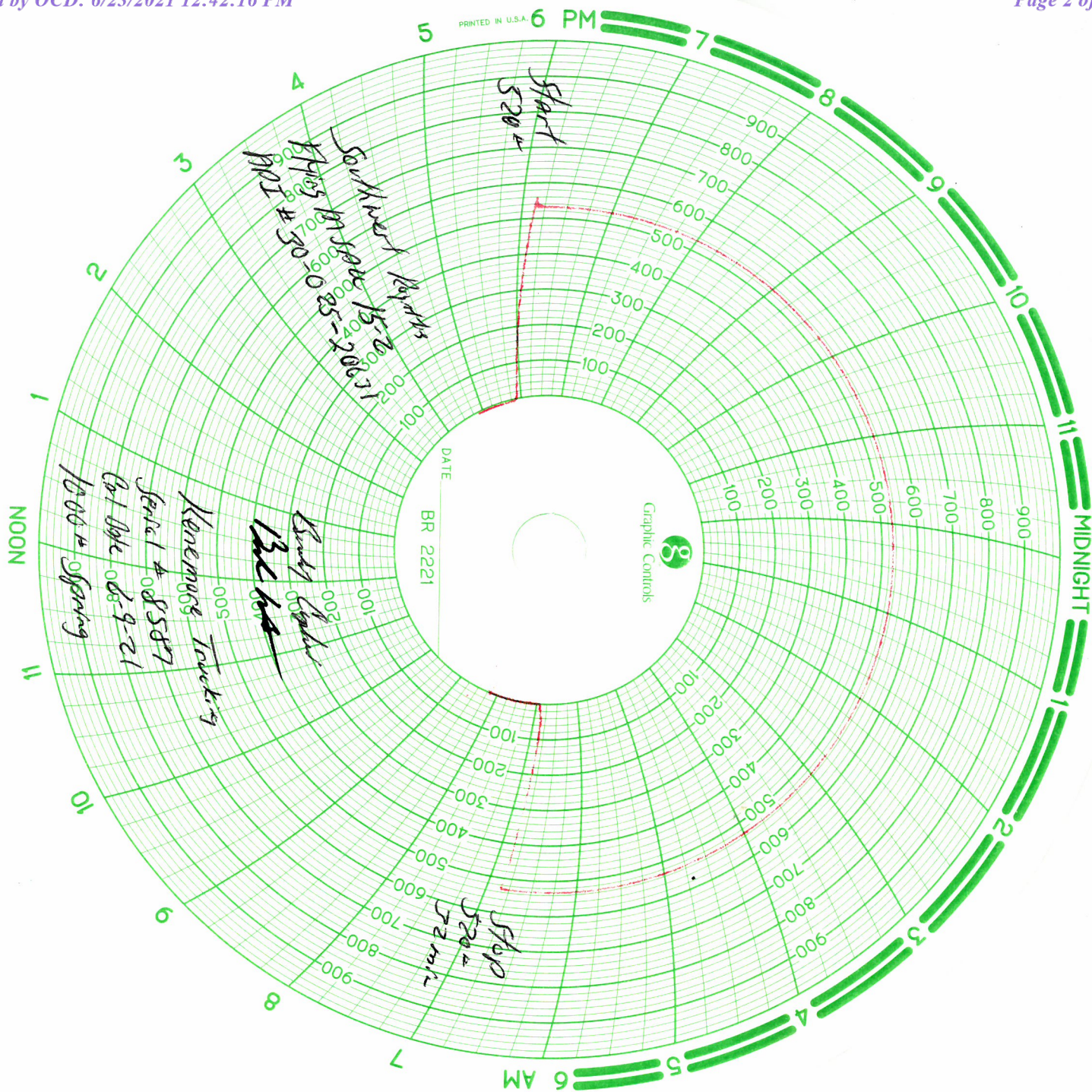
APPROVED

BY:

Accepted for record – NMOCD gc 4/20/2022

DATE

Conditions of Approval (if any):



District I
1625 N. French Dr., Hobbs, NM 88240
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CONDITIONS

Action 33327

CONDITIONS

Operator: SOUTHWEST ROYALTIES INC P O BOX 53570 Midland, TX 79710	OGRID: 21355
	Action Number: 33327
	Action Type: [C-103] Sub. General Sundry (C-103Z)

CONDITIONS

Created By	Condition	Condition Date
gcordero	None	4/20/2022