

Santa Fe Main Office
Phone: (505) 476-3441
General Information
Phone: (505) 629-6116

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised July 18, 2013

Online Phone Directory Visit:
<https://www.emnrd.nm.gov/ocd/contact-us/>

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 ☒ Gas Well ☐ Other Injection ☐		WELL API NO. 30-025-37835
2. Name of Operator SOUTHWEST ROYALTIES, INC.		5. Indicate Type of Lease STATE ☒ FEE ☐
3. Address of Operator P.O. BOX 53570; MIDLAND, TEXAS 79710		6. State Oil & Gas Lease No.
4. Well Location Unit Letter <u>A</u> : <u>330</u> feet from the <u>NORTH</u> line and <u>1310</u> feet from the <u>East</u> line Section <u>30</u> Township <u>21S</u> Range <u>37E</u> NMPM LEA County		7. Lease Name or Unit Agreement Name V M HENDERSON
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3502 GR		8. Well Number #022
9. OGRID Number 21355		10. Pool name or Wildcat GRAYBURG

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

NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ TEMPORARILY ABANDON ☒ CHANGE PLANS ☐ PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐ DOWNHOLE COMMINGLE ☐ CLOSED-LOOP SYSTEM ☐ OTHER: ☐		SUBSEQUENT REPORT OF: REMEDIAL WORK ☐ ALTERING CASING ☐ COMMENCE DRILLING OPNS. ☐ P AND A ☐ CASING/CEMENT JOB ☐ OTHER: ☐	
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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.

RU the well service unit.

NU the BOP.

POOH W/ tbg & Rods.

RU Wireline.

RIH W/ CIBP Set @ 3,532' (Grayburg Perfs 3,632' - 3,848')

Tag CIBP. Dump 35' of Cement (Class C).

Temporarily abandon well for future work.

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

SIGNATURE Lindsay Livesay TITLE Regulatory Analyst DATE 10/08/2025

Type or print name Lindsay Livesay E-mail address: llivesay@swrpermian.com PHONE: 432-207-3054

For State Use Only

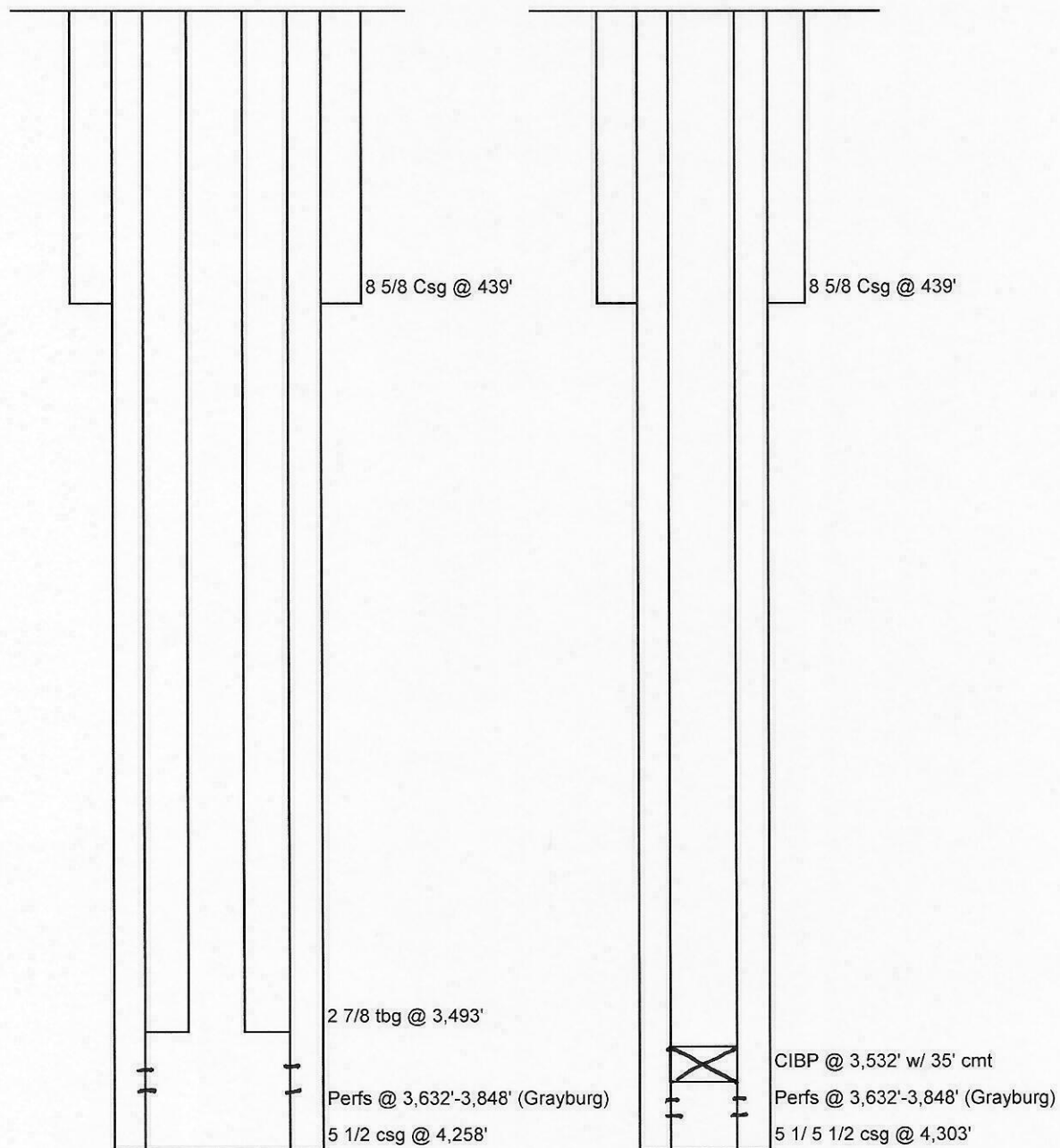
APPROVED BY: _____ TITLE _____ DATE _____

Conditions of Approval (if any): _____

V M Henderson #22

Current

Proposed



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CONDITIONS

Action 513819

CONDITIONS

Operator: SOUTHWEST ROYALTIES INC P O BOX 53570 Midland, TX 79710	OGRID: 21355
	Action Number: 513819
	Action Type: [C-103] NOI Temporary Abandonment (C-103I)

CONDITIONS

Created By	Condition	Condition Date
gcordero	Passing MIT test in accordance with 19.15.26.11 or 19.15.25.12-14 NMAC will be required at time of work.	10/16/2025
gcordero	Must submit development plan for well with details and timelines.	10/16/2025