

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

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

State of New Mexico  
Energy, Minerals and Natural Resources

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

WELL API NO.  
30-025-39095

5. Indicate Type of Lease  
STATE  FEE

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name  
Central Drinkard Unit

8. Well Number  
#436

9. OGRID Number  
21355

10. Pool name or Wildcat  
DRINKARD

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**

4. Well Location

Unit Letter D : 660 feet from the North line and 1010 feet from the West line  
Section 29 Township 21S Range 37E NMMPM Lea County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
3,489' GR

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:

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 tbg Hydro testing to 5,000 psi.**

**Identify and replace the damaged jt of tbg.**

**RIH w/ tbg & pkr.**

**ND the BOP.**

**Secure the well and Inform NMOCD for MIT.**

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 07/09/2025

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

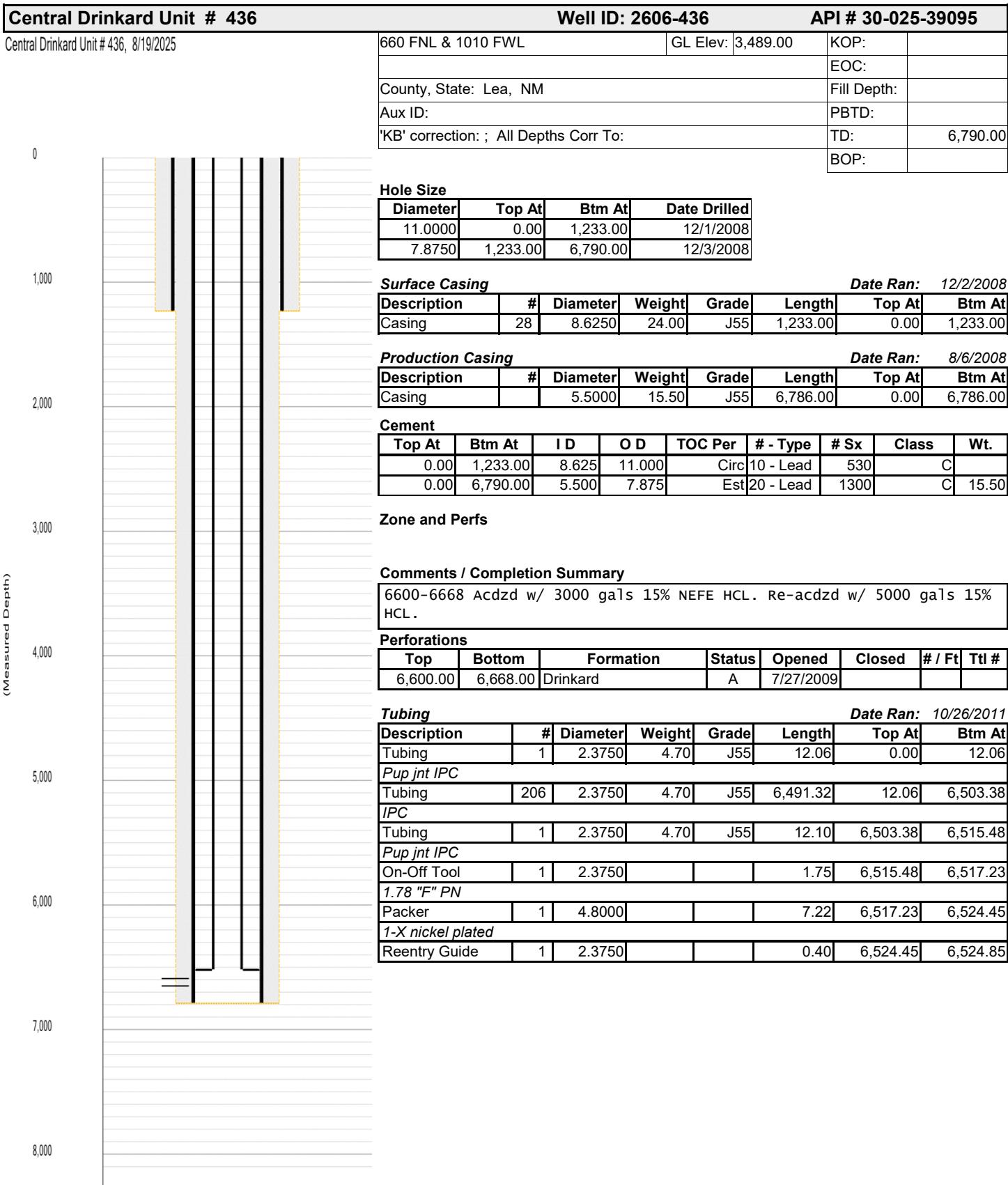
APPROVED BY: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_  
Conditions of Approval (if any):

# CURRENT

## Wellbore Schematic

Printed: 8/19/2025

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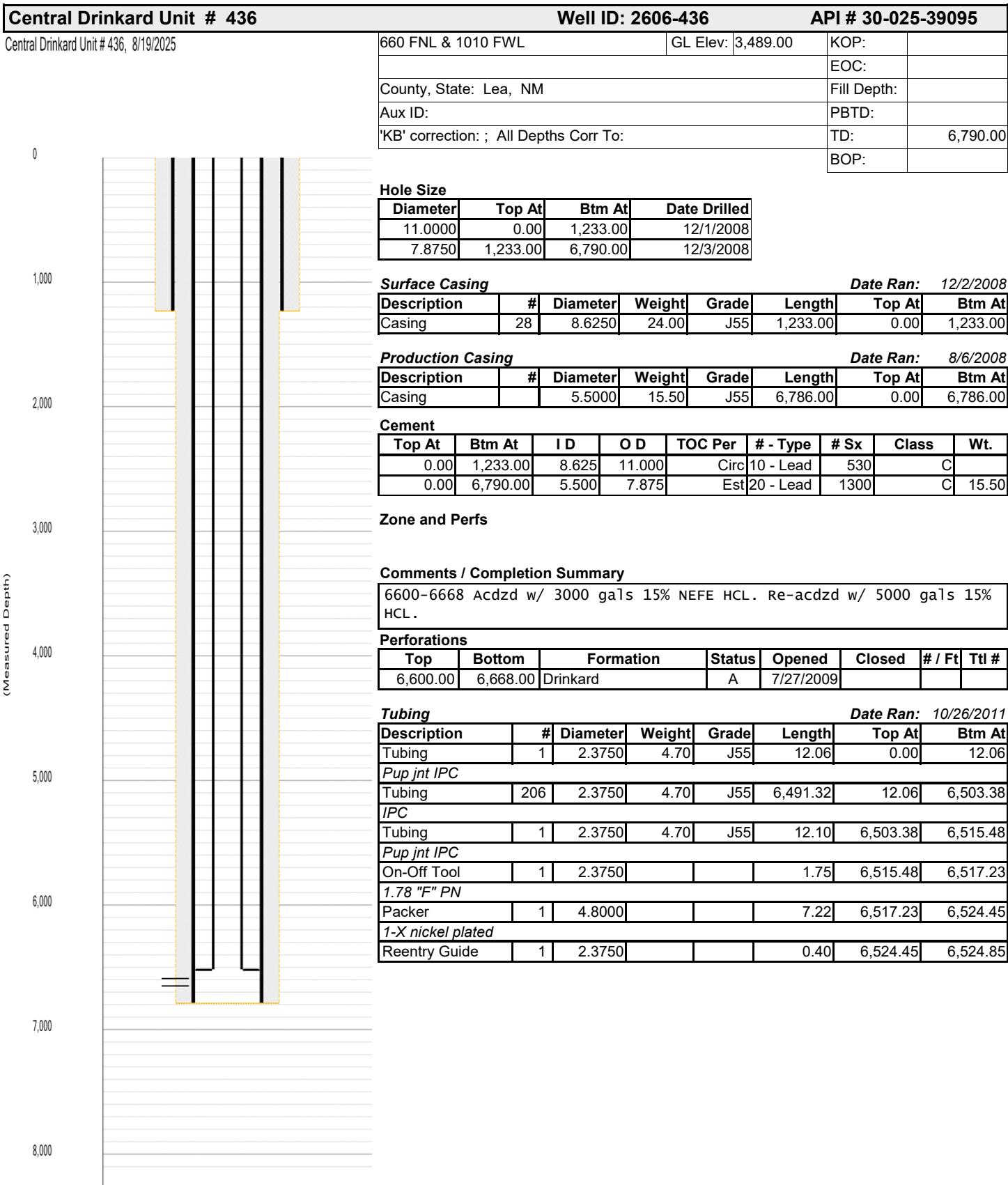


# PROPOSED

## Wellbore Schematic

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**Santa Fe, NM 87505**

CONDITIONS

Action 540195

**CONDITIONS**

Operator:  SOUTHWEST ROYALTIES INC P O BOX 53570 Midland, TX 79710	OGRID:  21355
	Action Number:  540195
	Action Type: [C-103] NOI Workover (C-103G)

**CONDITIONS**

Created By	Condition	Condition Date
pgoetze	None	1/9/2026