

Submit 3 Copies To Appropriate District Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Avenue, Artesia, NM 87210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

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

Form C-103
Revised March 25, 1999

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 ☐

2. Name of Operator
Southwest Royalties, Inc.

3. Address of Operator
P.O. Box 11390 Midland, Tx 79702

4. Well Location
Unit Letter *A* : *660* feet from the *North* line and *660* feet from the *East* line
Section *36* Township *17S* Range *29E* NMPM *Eddy* County

10. Elevation (Show whether DR, RKB, RT, GR, etc.)
3588 GR

WELL API NO.
160-015-24646

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
B 4458

7. Lease Name or Unit Agreement Name:
State B 4458

8. Well No. *3*

9. Pool name or Wildcat
Grayburg-Jackson

11. 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 type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER: <input type="checkbox"/>

12. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.

1) MIREU WS. Toth w/prod equip. T1 HW/ RBP set @ $\pm 2,500'$.
2) RU WL Co. Perf Queen pay @ 2,190-2,220'. Acidize ports w/ 300 gal 15% HCl acid.
3) Test Queen ports. Fracture stimulate as needed.

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

SIGNATURE *[Signature]* TITLE *Area Supervisor* DATE *10/28/02*

Type or print name *C.M. Bloodworth, P.E.* Telephone No. _____
(This space for State use)

APPROVED BY *[Signature]* ORIGINAL SIGNED BY **TIM W. GUM** DATE **NOV 06 2002**
DISTRICT II SUPERVISOR TITLE _____
Conditions of approval, if any: _____