Submit 3 Copies to Appropriate District Office

CONDITIONS OF APPROVAL, IF ANY:

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

| DISTRICT I<br>P.O. Box 1980, Hobbs, NM 88240  | OIL CONSERVAT                            |  | WELL API NO.   |                 |             |
|---|--|--|--|-----------------|-------------|
|   | 2040 Pacheco St.<br>Santa Fe, NM 87505   |  | 30 025 20631   |                 |             |
| DISTRICT II P.O. Drawer DD, Artesia, NM 88210   | Canta i C, Tiwi                          | 57000                                  | sIndicate Type of Lea                                  | se<br>STATE     | FEE         |
| DISTRICT III<br>1000 Rio Brazos Rd., Aztec, NM 87410  |  |  | sState Oil & Gas Leas                                  |                 | FEE         |
| 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.)  |  |  | 7Lease Name or Unit Agreement Name<br>Flying M SA Unit |                 |             |
| Type of Well: OIL GAS WELL WELL   | OTHER INJ                                |  |  |                 |             |
| <sub>2</sub> Name of Operator<br>SOUTHWEST ROYALTIES, INC.  |  |  | •Well No.<br>15-2 152                                  |                 |             |
| 3Address of Operator PO BOX 11390; MIDLAND, TX 79   | 9702                                     |  | ∘Pool name or Wildca<br>FLYING M SAN                   |                 |             |
| √Well Location  Unit Letter N : 660   | Feet From The SOUTH                      | Line and 1985                          | Feet From The  | WEST            | Line        |
| 21 Section T9S  | Township R33E                            | Range                                  | NMPM   | LEA             | County      |
|   | 10 Elevation (Show whether 4352.4 GL     |  |  |                 |             |
| 11 Check A <sub>I</sub>   | opropriate Box to Indicate               | Nature of Notice, Re                   | port, or Other D                                       | )ata            |             |
| NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:   |  |  |  |                 |             |
| PERFORM REMEDIAL WORK   | PLUG AND ABANDON                         | REMEDIAL WORK                          | $\boxtimes$  | ALTERING CAS    | SING        |
| TEMPORARILY ABANDON   | CHANGE PLANS                             | COMMENCE DRILLING O                    | PNS.   | PLUG AND ANB    | ANDONMENT   |
| PULL OR ALTER CASING  |  | CASING TEST AND CEME                   | ENT JOB  |                 |             |
| OTHER:  |  | OTHER:                                 |  |                 |             |
| <sup>12</sup> 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.  9-12-2000 MIRU WSU, UNFLANGED WELL, UNSET PACKER, NU BOP, POH W/TBG & PKR, LD 10 BAD JTS, CLOSED BOP, SD, OPENED BOP, RIH W/TBG, POH & LD TBG. RD MOVE RIG. 9-27-2000 UNLOADED 141 JTS, PU PKR, TALLIED TBG, RIH W/PKR & 137 JTS TBG, SET PKR @ 4323'; NU WH. TSTD 500# - OK. |  |  |  |                 |             |
| SD. CHART ATTACHED.   |  |  |  |                 |             |
|   |  |  |  |                 |             |
|   |  |  |  |                 |             |
|   |  |  |  |                 |             |
|   |  |  |  |                 |             |
| I hereby certify that the information above is SIGNATURE  | true and complete to the best of my know | wedge and belief.  TITLE REGULATORY CO | OMPLIANCE  | DATE 10-13      | 3-00        |
| TYPE OR PRINT NAME BEVERLY HATF   | (C)                                      |  |  | TELEPHONE NO. 9 | 15 686-9927 |
| (This space for State Use)  | <b>O</b> RIGINAL SIG                     | MCD FY O RIS WILLIA                    | MS   |                 |             |
| APPROVED BY   | DISTRI                                   | OT I SUPERVISOR                        |  | DATE N          |             |