Submit 3 Copies to Appropriate District Office

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-103
Revised 1-1-89

WELL API NO. 30 025 20631

5. Indicate Type of Lease STATE [X] FEE [ ]

6. State Oil & Gas Lease No. 05812

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.)

7. Lease Name or Unit Agreement Name: Flying M SA Unit

1. Type of Well: OIL WELL [ ] GAS WELL [ ] OTHER WIW

8. Well No. ~~15-2~~ 152

2. Name of Operator: SOUTHWEST ROYALTIES, INC.

9. Pool name or Wildcat: Flying M San Andres

3. Address of Operator: P.O. BOX 11390 Midland, TX 79702

4. Well Location
Unit Letter N : 660 Feet From The South Line and 1985 Feet From The West Line

Section 21 Township 9 Range 33 NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4352.4

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

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	XX	PLUG AND ABANDON	[ ]	REMEDIAL WORK	[ ]	ALTERING CASING	[ ]
TEMPORARILY ABANDON	[ ]	CHANGE PLANS	[ ]	COMMENCE DRILLING OPNS.	[ ]	PLUG AND ABANDONMENT	[ ]
PULL OR ALTER CASING	[ ]			CASING TEST AND CEMENT JOB	[ ]		
OTHER:	[ ]			OTHER:			[ ]

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.

1) Notify NMOCD 24 hrs. prior to rigging up PU. RUPU; NDWH; rel pkr; NU BOP.

2) POH w/tbg & pkr; RIH w/pkr & RBP on work string; Set RBP @ ± 4400' & tst to 1000#.

3) Isolate csg leak; sqz csg leak; drill out cmt sqz & tst csg; POOH.

4) RIH w/retrieving head & POH w/RBP & work string; RIH w/AD-1 pkr & tbg; Hydro-test in hole;

5) Set pkr @ approx. 4370'. Notify NMOCD 24 hrs. prior to CIT. Tst csg to 300#;

6) Pmp 2500 gals acid dwn tbg; return well to injection.

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

SIGNATURE Nelson Patton TITLE Area Supervisor DATE 9-2-97

TYPE OR PRINT NAME Nelson Patton TELEPHONE NO.

(This space for State Use)

APPROVED BY ORIGINAL SIGNED BY GARY WINK FIELD REP. II TITLE DATE SEP 24 1997

CONDITIONS OF APPROVAL, IF ANY: