

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

WELL API NO.

30-025420836

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

058102

7. Lease Name or Unit Agreement Name:

FLYING M SA UNIT

8. Well No.

4 - 1

9. Pool name or Wildcat

FLYING M SAN ANDRES

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, TEXAS 79702

4. Well Location

Unit Letter P : 660 feet from the SOUTH line and 660 feet from the EAST line

Section 17 Township 9S Range 33E NMPM LEA County

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

4377' GR

11. 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 COMPLETION ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.

- 1) Trip out of hole and lay down production equipment.
- 2) Trip in hole w/CIBP and set at approx. 4400'.
- 3) Load casing with treated water.
- 4) Test casing to 500 psig.
- 5) TA well.

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

SIGNATURE

TITLE

AREA SUPERVISOR

DATE 11/14/02

Type or print name

C.M. BLOODWORTH, P.E.

Telephone No. 915/686-9927

(This space for State use)

APPROVED BY

SIGNED BY

CARY W. WINK

DATE

Conditions of approval, if any:

OC FIELD REPRESENTATIVE II/STAFF MANAGER

NOV 22 2002