

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 June 10, 2003

<p>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.)</p>		<p>WELL API NO. 30-015-27398</p>
<p>1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other - inj</p>		<p>5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/></p>
<p>2. Name of Operator Southwest Royalties, Inc.</p>		<p>6. State Oil & Gas Lease No. LH2460</p>
<p>3. Address of Operator 6 Desta Drive, Ste 2100, Midland, Texas 79705</p>		<p>7. Lease Name or Unit Agreement Name POGO 36 STATE</p>
<p>4. Well Location Unit Letter <u>I</u> : <u>2310</u> feet from the <u>S</u> line and <u>330</u> feet from the <u>W</u> line Section <u>36</u> Township <u>25-S</u> Range <u>29-E</u> NMPM <u>Eddy</u> County</p>		<p>8. Well Number 1</p>
<p>11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3037.5' GR</p>		<p>9. OGRID Number 021355</p>
<p>10. Pool name or Wildcat NBD - DELAWARE</p>		

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 COMPLETION ☐
 OTHER: ☐

SUBSEQUENT REPORT OF:

- REMEDIAL WORK ☐ ALTERING CASING ☐
 COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
 CASING TEST AND CEMENT JOB ☐
 OTHER: tbg repair and MIT ☒

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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Annual bradenhead test failure 11/2/06. NMOCD office notified. LOV. No. 027306.
Tubing repair and successful MIT 12/28/06, chart attached.

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

SIGNATURE Dawn M. Howard TITLE OPERATIONS ASSISTANT DATE 1/3/07

Type or print name DAWN M. HOWARD E-mail address: dhoward@claytonwilliams.com Telephone No. 432/686-9927

(This space for State use)

APPROVED BY Gerry Guye TITLE Deputy Field Inspector DATE JAN 4 2007
 Conditions of approval, if any: District II - Artesia

