

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

OIL CONSERVATION DIVISION
2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO.	30-015-03804
1. Indicate Type of Lease	STATE ☒ FEE ☐
6. State Oil & Gas Lease No.	B-1778

7. Lease Name or Unit Agreement Name	State B-1778
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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 ☐
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2. Name of Operator	Southwest Royalties, Inc.
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3. Address of Operator	P. O. Box 11390 Midland, TX 79702
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4. Well Location	Unit Letter P : 330 Feet From The South Line and 990 Feet From The East Line Section 36 Township 17 S Range 29 E NMPM Eddy County
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10. Elevation (Show whether DF, RKB, RT, GR, etc.)	3542 GL
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11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data			
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK ☐	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.

3-5-97 - MIRU, nipple down wellhead, run in hole with Tbg. load hole w/mud laden fluid. Spot plug No. 1, 35 sxs at 2700'. WOC and tag plug #1 @ 2503'. Pull up tbg. spot plug No. 2, 40 sxs at 1750'. WOC and tag plug #2 @ 1525'. Shut well in, shut down for day.

3-7-97 - Open well, 0 psi. Perf Csg at 600'. Run in hole and sqz. plug #3, 60 sxs at 600' displaced to 400'. WOC and wireline tag plug #3 at 407'. Spotted 15 sx surface plug (#4), 13' to surface. Cut off wellhead, set dry hole marker, cut off dead-men, covered pit, leveled and cleaned location. Job complete.

Post ID-2
5-23-97
PFA

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

SIGNATURE	<i>James Blount</i>	TITLE	AREA SUPERVISOR	DATE	3-27-97
TYPE OR PRINT NAME	JAMES BLOUNT			TELEPHONE NO.	915-686-9927

(This space for State Use)

APPROVED BY	<i>[Signature]</i>	TITLE	Chief Rep	DATE	7/21/97
CONDITIONS OF APPROVAL, IF ANY:					