

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

WELL API NO.

30-015-25770

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.  
LG 4524

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, TX 79702

7. Lease Name or Unit Agreement Name

Cal-Mon

8. Well No.

4

9. Pool name or Wildcat

Loco Hills Q - GR - SA

4. Well Location

Unit Letter K : 1650 Feet From The West Line and 1650 Feet From The South Line

Section 16

Township

18S

Range

29E

NMPM

Eddy

County

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

3542' 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 ☐

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.

T&A PROPOSAL:

1) RUPU & POH w/rods & tbg.

2) RIH w/CIBP ... Set @  $\pm 2700'$ .

3) Test csg. to 5000', Chart Record Test.

4) If well does not pass CIT... subsequent report will be filed to P&A well or repair csg. leak.

\*Well is being evaluated for re-completion in the Queen/Penrose Zones.

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 10-8-96

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: