## State of New Mexico Energy, Minerals and Natural Resources Department

CONDITIONS OF APPROVAL

Form C-103 Revised 1-1-89

| (DO NOT USE THIS FORM FOR PRODIFFERENT RESER (FORM CONTY)  1 Type of Well: OIL GAS WELL  WELL WELL   OGRAFIE  GAS WELL    GAS WELL   GAS WELL | OIL CONSERVA 2040 Pacheco Santa Fe, Ni DESTRUCTION FOR TO DEE EVOIR. USE "APPLICATION FOR THER | WELLEPEN CR PERI | 505<br>LS<br>DR PLUG BAC |              | State Oil & Gas Leas E 1041  *Lease Name or Unit WARREN STAT | STATE Se No.  Agreement Name                                    | 2266<br>FEE |
|--|--|------------------|--------------------------|--------------|--|---|-------------|
| #Name of Operator<br>SOUTHWEST ROYALTIE, INC.  |  |                  |                          |              | 1  |   |             |
| Address of Operator P. O. BOX 11390; MIDLAND, TX 79702   |  |                  |                          |              | Pool name or Wildcat MILLERMAN - GB                          |   |             |
| Well Location Unit Letter E : 2310   | Feet From The NORTH  | l                | _ Line and               | 330          | Feet From The  | WEST  | Line        |
| 17 Section 19S   | Township 28E   | R                | ange                     |              | NMPM   | EDDY  | County      |
|  | *Elevation (Show whethe<br>3526 GR   |                  |                          | :.)          |  |   |             |
| 11 Check Ar  | propriate Box to Indicat   | te Na            | ture of Not              | ice, Re      | port, or Other [   | Data  |             |
| •  |  |                  |                          |              | SEQUENT RE   |   |             |
| PERFORM REMEDIAL WORK  | PLUG AND ABANDON   | $\Box$           | REMEDIAL WO              |              |  | ALTERING CASI   | NG 🗔        |
| TEMPORARILY ABANDON  | CHANGE PLANS   |                  | COMMENCE D               |              | PN6 []   | PLUG AND ANBA   |             |
| PULL OR ALTER CASING   | CINIOL PLANS   |                  | CASING TEST              |              |  | FLOG AND AND  | INDOMNIEM   |
| OTHER:   |  |                  | OTHER: FIN               | AL ABAN      | 1DONMENT   |   |             |
| Describe Proposed or Completed Operation work) SEE RULE 1103.  | ns (Clearly state all pertinent details, a   | and give         | pertinent dates,         | including es | stimated date of starting                                    | any proposed  | -····       |
| 1-13-98 LOCATION READY FO  | AM JUL<br>ANNA M SCHELLING/REG   | GUL <u>A</u>     | TORY ANAL                | YST          | 16 00 10 mm  | 151677 20 20 21 22 23 24 25 25 25 25 25 25 25 25 25 25 25 25 25 |             |
| I hereby certify that the information above is   | true and complete to the best of my  | knowled          | -                        | <b></b>      |  |   |             |
| SIGNATURE TULL   | Tillel   | <b>4</b> /m      | REGULA                   | TORY C       | OORDINATOR   | DATE 01-13  | 1-98        |
| TYPE OR PRINT NAME BEVERLY HATE  | TIÉLD V  |                  |                          |              |  | тесерноме мо. 9   | 15 686-9927 |
| (This space for State Use)   |  |                  |                          | An           |  | 9 9.  | - 13-55     |