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Submit 3 Copies To Appropriate District Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
130 W. Grand Ave., Artesia, NM 88210
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. 30-015-21863
5. Indicate Type of Lease STATE ☐ FEE ☒
6. State Oil & Gas Lease No.

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.)

7. Lease Name or Unit Agreement Name: Julie Com

1. Type of Well: Oil Well ☒ Gas Well ☐ Other
2. Name of Operator: SW Royalties, Inc.
8. Well No. 1
3. Address of Operator: P.O. Box 11390
9. Pool name or Wildcat
4. Well Location
Unit Letter H : 1930 feet from the North line and 990 feet from the East line
Section 17 Township 19S Range 25E NMPM Eddy County
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3523 GR

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	☐
PULL OR ALTER CASING	☐	MULTIPLE COMPLETION	☐				IT
OTHER:			☐				☐

Schedule test 24 hours in advance with OCD. 505-748-1283

OCD must witness test.

ed date of

12. Describe proposed or completed operations. (Clearly state all pertin starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation. It is SWR intent to TA the currently SI well pending approval of a permit to complete the well as a N. Dagger Draw producer. The well is currently shut in with a packer (Lok-Set) set @ 4722' with perfs @ 4762 - 4954'. SWR proposes to test the tbg/csg annulus to 500 psig to assure csg integrity. Attached please find a wellbore sketch and a copy of the preliminary C101 filing for your information. 1/2 chart test

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

SIGNATURE [signature] TITLE Area Supervisor DATE 3/15/02

Type or print name C.M. Bloodworth, P.E. Telephone No. 915-686-9927

(This space for State use)

APPPROVED BY [signature] TITLE Field Rep II DATE MAR 15 2002

Conditions of approval, if any: