

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Geology, Minerals and Natural Resources Department.

Form C-103
Revised 1-1-89

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.

N/A

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.)

1. Type of Well:

OIL
WELL ☐

GAS
WELL ☐

OTHER ☐ SWD

2. Name of Operator

Southwest Royalties, Inc.

3. Address of Operator

P.O. Box 11390, Midland, Texas 79702, (915) 686-9927

8. Well No.

1 SWD

9. Pool name or Wildcat

Canyon

4. Well Location

Unit Letter G : 1980 Feet From The North Line and 1980 Feet From The East Line

Section 18 Township 19-S Range 26-E NMPM Eddy County

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

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: Acid Job ☒

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.

5-20-94: Pumped 500 gals 15% NEFE, flush w/60 bbls hot water. Pumped 250 gals xylene, pumped 10 bbls hot water + 250 gals 15% acid. Pumped 50 BW + 250 gals xylene, pumped 10 bbls hot water + 250 gals 15% acid. Flush w/50 bbls hot water.

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

SIGNATURE

TITLE Regulatory Agent

DATE 5-26-94

TYPE OR PRINT NAME

TELEPHONE NO.

(This space is for Seal Use)

APPROVED BY

TITLE

DATE

COMMENTS, IF ANY, ADVISE ALL, IF ANY