State of New Mexico
Energy, ...erals 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

NOV 15 '89

WELL API NO.	
5. Indicate Type of Lease STATE ☒ FEE ☐	
6. State Oil & Gas Lease No. LG-0465	

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

Mary Wolf State

1. Type of Well:
OIL WELL ☒   GAS WELL ☐   OTHER

2. Name of Operator
   Southwest Royalties

8. Well No.
4

3. Address of Operator
   P. O. Drawer 11390, Midland, Texas 79702

9. Pool name or Wildcat
W. Millman-Grayburg

4. Well Location

Unit Letter __N__ : __330__ Feet From The __South__ Line and __1650__ Feet From The __West__ Line

Section __12__ Township __19S__ Range __27E__ NMPM __Eddy__ County

10. Elevation (*Show whether DF, RKB, RT, GR, etc.*)
3470' Grd.

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.

11-11-89 Spud at 5:00 P.M.
11-14-89 Drill to 365' and run 358' of J55 24# 8 5/8" casing. Cement with 310 sxs. of C-Neat. TOC found at 70'. WOC 18 hrs.
11-15-89 Ready mix four yds. to surface. Pressure test to 1000# for 15 minutes. Held fine.

Witnessed by Mike Stubblefield.

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

SIGNATURE _Rebecca Olson_ TITLE _Agent_ DATE _11-15-89_

TYPE OR PRINT NAME _Rebecca Olson_ TELEPHONE NO.

(This space for State Use)   ORIGINAL SIGNED BY

APPROVED BY _____ TITLE _____ DATE

NOV 2 3 1989

CONDITIONS OF APPROVAL, IF ANY: