

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

455
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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 30 '89

WELL API NO.

30-015-26237

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.
K-4222

7. Lease Name or Unit Agreement Name

JMD State

8. Well No.

5

9. Pool name or Wildcat

Und. W. Millman-Grayburg

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. Drawer 11390, Midland, Texas 79702

4. Well Location

Unit Letter O : 330 Feet From The South Line and 2310 Feet From The East Line

Section 12 Township 19S Range 27E NMPM Eddy County

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

3485' 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.

11-18-89 Move on, rig up and spud at 5:00 P.M.
11-19-89 Ran 351' of J-55, 24#, 8 5/8" casing cemented with 325 sxs. "C".
11-20-89 Plug down at 1:30 A.M. Ready mix two yards to surface at 8:00
A.M. Wait on cement for 18 hours. Pressure tested to 1000# for
30 minutes. Held fine.

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 11-21-89

TYPE OR PRINT NAME Rebecca Olson (505) TELEPHONE NO. 748-1014

(This space for State Use)

ORIGINAL SIGNED BY

APPROVED BY REBECCA OLSON TITLE Agent DATE DEC - 7 1989

CONDITIONS OF APPROVAL, IF ANY: