

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 11-88

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

2040 Pacheco St.
Santa Fe, NM 87505

WF P4 REG NP IRA MD MONH
MB AL JG SG KJ JS EMc VW LAND
DH BLM OCD RRCM RRCA CC BL BD

WELL API NO.
30 015 02271

Indicate Type of Lease

STATE ☒ FEE

State Oil & Gas Lease No.
E 952

Lease Name or Unit Agreement Name

STATE
(AKA STATE E)

Well No.
1

Pool name or Wildcat
MILLMAN

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.)

Type of Well:

OIL
WELL ☒

GAS
WELL ☐

OTHER ☐

Name of Operator
SOUTHWEST ROYALTIE, INC.

Address of Operator
P. O. BOX 11390; MIDLAND, TX 79702

Well Location

Unit Letter I : 2310 Feet From The SOUTH Line and 330 Feet From The EAST Line

18 Section 19S Township 28E Range NMPM EDDY County

Elevation (Show whether DF, RKB, RT, GR, etc.)
3525 GR

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 ANBANDONMENT ☒

CASING TEST AND CEMENT JOB ☐

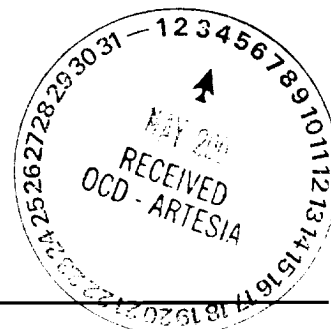
OTHER: ☐

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.

4-24-01 RU TRIPLE N SERVICES, INC. RU WL & SET CIBP @ 1,750'. CIRCULATED HOLE W/MUD. TIH & SPOTTED 50 SX. CMT ON CIBP. RU WL. PERFED CSG @ 550'. TIH & SQZ'ED W/60 SX CMT. PU WOC 2 HRS. TIH & TAGGED PLUG @ 297'. RU WL & PERFED CSG @ 150'. TIH & SQUEEZED W/100 SX CMT. CMT DID NOT CIRC. CONTACTED NMOC. SDFN.

4-25-01 TIH & TAGGED PLUG @ 35'. NMOC. OK'ED FILLING CSG FR/35' TO SURFACE W/5 SX CMT. RD TRIPLE N.

NOTE: SURFACE RESTORATION IS NOT COMPLETED.



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

SIGNATURE

TITLE AREA SUPERVISOR

DATE 04-30-01

TYPE OR PRINT NAME C. M. BLOODWORTH

TELEPHONE NO. 915 686-9927

(This space for State Use)

APPROVED BY

TITLE

Compliance
Officer

DATE

2-25-02

CONDITIONS OF APPROVAL, IF ANY

