

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, 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

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	WELL API NO. 30 015 23287
2. Name of Operator Southwest Royalties, Inc.	5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
3. Address of Operator c/o Box 953, Midland, Texas 79702	6. State Oil & Gas Lease No.
4. Well Location Unit Letter <u>D</u> : <u>660</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>West</u> Line Section <u>2</u> Township <u>24-S</u> Range <u>28-E</u> NMPM <u>Eddy</u> County	7. Lease Name or Unit Agreement Name Malaga A
8. Well No. <u>2</u>	
9. Pool name or Wildcat Undesignated	
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:

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: Testing Bone Springs ☒

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.

7-2-91: Perforated Bone Springs zone from 6342 - 6373'. Spot 150 gals.
7-1/2% SWIC acid, packer @ 6247', acidized with 1500 gals.
7-1/2% SWIC acid.

7-3-91 - 7-9-91: Swabbing

7-10-91: Install pumping unit, covered workover pit, cleaned location.

7-11-91 to current: Testing well

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

SIGNATURE Ann E. Ritchie TITLE Agent DATE 7-17-91

TYPE OR PRINT NAME Ann E. Ritchie (915) TELEPHONE NO 684-6381

(This space for State Use) ORIGINAL SIGNED BY

MIKE WILLIAMS

APPROVED BY SUPERVISOR, DISTRICT II TITLE DATE AUG 30 1991

CONDITIONS OF APPROVAL, IF ANY: