Submit 3 Copies to Appropriate

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

Form C-103 Revised 1-1-89

District Office	
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CONDITIONS OF APPROVAL, IF ANY:

DISTRICTI	Th 4 000 40	OIL CONSE	RVATIO	N DIVISION	WELL API NO			
P.O. Box 1980, Hobbs, NM 88240		P.O. Box 2088 Santa Fe, New Mexico 875042088				30-015-27398		
DISTRICT II P.O. Drawer DD, Artesia	, NM 88210	Santa Fe, N			5. Indicate Typ	5. Indicate Type of Lease STATE X FEE		
DISTRICT III 1000 Rio Brazos Rd., Az	zec, NM 87410		in the second se	9 3 1902 2. 2. 5 2	6. State Oil &		,,,,,,,,,,	
(DO NOT USE THIS	FORM FOR PROF FERENT RESERV	ES AND REPOR COSALS TO DRILL OF COR. USE "APPLICADI) FOR SUCH PRO	R TO DEEPEN I ITION FOR PER	OH PLUG BACK TO		e or Unit Agreement Nam	//////////////////////////////////////	
1. Type of Well: OIL X	GAS WELL	on	HEER.					
2. Name of Operator					8. Well No.	1		
Southwest F	Royalties,	Inc. 🗸			9. Pool name o	1 Wildcat		
	1390, Mid	land, Texas	79702			ignated Delaw	are	
4. Well Location Unit Letter	L : 231	Feet From The	South	Line and	330 Feet F	rom The West	Line	
Section	36	Township 25-	South Ran	ge 29-East	NMPM	Eddy	County	
		10. Elevation		ŠF, RKB, RT, GR, e sc.) 7 . 5′ GR)	<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>		
		ppropriate Box			Panort or Oth	ner Data		
11.			o maicate i	O NODE	I IDOEOUS OF OU	REPORT OF:		
	ICE OF INTE					ALTERING CASIN	· _	
PERFORM REMEDIAL		PLUG AND ABA		REMEDIAL WORK	_	- 1		
TEMPORARILY ABAND		CHANGE PLANS	•	COMMENCE DRIL		PLUG AND ABAN	DONMEN!	
PULL OR ALTER CASI	NG L		_	CASING TEST AN	D CEMENT JOB X	1	<u></u>	
OTHER:			니	OTHER:				
12. Describe Proposed of work) SEE RULE 19 5-13-93:	103. TD 5971'.	Ran 5971' o:	5-1/2", Pacesette	15.5#, J-55 r Lite w/6%	LT&C casing gel, 5 PPS s	. DV tool @ alt & 1/4 # c ement to surf	5110', elloseal;	
5-14-93:	Cemented 2	nd stage w/5	36 sx "C"	Lite w/6% ge	el, 5 PPS sal	t & 1/4 # cel late cement.		
5-18-93:	and perfor	ate.				to run bond l		
5-19-93:	Perforate 5 bbls. trand .6% Ha	and squeeze l eated water.	noles @ 57 pumped le ped tail o	'00'. Pumped ead cement 10 eement - 50 s	d 500 gals. s 00 sx Premium sx Premium w/	erest. TOC (super-flush an w/.6% Halad/3% KCL. Pump	322	
I hereby certify that the inf	ormation above is true	nd experience to the best of	my knowledge and i				06.00	
SIGNATURE	shill tall	Tuo	m	<u>Regula</u>	tory Agent	DATE5-	26-93 684-6381	
TYPE OR FRINT NAME	Ann E. Rit	chie			(9)	15) TELEPHONE NO.	686-9927	
(Thus space for State Use)	0.000							
	MIKE	IN AL:SIGNE D E LWILLIAMS IRVISOR, DISTR				JUI	v = 7 1993	