

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

WELL API NO.	30-015-27398
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	LH-2460
7. Lease Name or Unit Agreement Name	Pogo 36 State
8. Well No.	1
9. Pool name or Wildcat	Undesignated Delaware
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	3037.5' GR

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"/>	2. Name of Operator Southwest Royalties, Inc. ✓
3. Address of Operator P.O. Box 11390, Midland, Texas 79702	4. Well Location Unit Letter L : 2310 Feet From The South Line and 330 Feet From The West Line Section 36 Township 25-South Range 29-East NMPM Eddy County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3037.5' 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 ABANDONMENT ☐  
CASING TEST AND CEMENT JOB ☒  
OTHER: Perforate & treatment ☒

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.

5-24-93: Ran CBL, sufficient cement. Perforated 5666' - 5676'.

5-25-93: Spot 100 gals. SWIC acid across perfs. Acidize perfs w/1500 gals.  
7-1/2% SWIC acid.

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

SIGNATURE Ann E. Ritchie TITLE Regulatory Agent DATE 5-26-93  
TYPE OR PRINT NAME Ann E. Ritchie (915) TELEPHONE NO. 684-6381  
686-9927

(This space for State Use)

ORIGINAL SIGNED BY  
MIKE WILLIAMS

APPROVED BY SUPERVISOR, DISTRICT II TITLE DATE

CONDITIONS OF APPROVAL, IF ANY:

JUN 7 1993