

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.

30-015-27399

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

LH 2460

7. Lease Name or Unit Agreement Name

Pogo 36 State

8. Well No.

2

9. Pool name or Wildcat

Undesignated Delaware

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. Box 11390, Midland, Texas 79702

4. Well Location

Unit Letter M : 330 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.)

3034.9' 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: ☐

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.

8-24-93: Spudded 5:30 p.m.

8-25-93: Ran 617' of 13-3/8" 54/50 # casing. Cemented w/400 sx  
Class "C" + 4% gel + 2% CC + 1/4 PPS celloflakes, tailed  
w/200 sx Class "C" + 2% CC. Cement to surface.

Waited on cement 12 hours. Tested casing to 1000 #.

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

SIGNATURE

TITLE

Regulatory Agent

DATE

8-27-93

TYPE OR PRINT NAME

Ann E. Ritchie

(915)

TELEPHONE NO. 684-6381

(This space for State Use)

ORIGINAL SIGNED BY

MIKE WILLIAMS

SUPERVISOR, DISTRICT IV

APPROVED BY

TITLE

DATE

SEP 7 1993

CONDITIONS OF APPROVAL, IF ANY: