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Submit 3 Copies to Appropriate District Office	BEM	
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CONDITIONS OF AFTROVAL IF ANY

State of New Mexico

Form C-103 Energy, Minerals and Natural Resources Department Revised 1-1-89 DISTRICT 1 P.O. Box 1980, Hobbs, NM 88240 OIL CONSERVATION DIVISION WELL API NO. P.O. Box 2088 30-015-27399 DISTRICT II Santa Fe, New Mexico 87504-2088 P.O. Drawer DD, Artesia, NM 88210 5. Indicate Type of Lease KEI -IVEE STATE FEE L 1000 Rio Brazos Rd., Aziec, NM 87410 6. State Oil & Gas Lease No. 1993 LH 2460 SUNDRY NOTICES AND REPORTS ON WOLLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPER OR THE WO. BACK TO A 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) I. Type of Well: Pogo 36 State WILL X OTHER 2. Name of Operator 8. Well No. Southwest Royalties, Inc. 3. Address of Operator 9. Pool name or Wildcat P.O. Box 11390, Midland, Texas 79702 Undesignated Delaware 4. Well Location __: ___330 ___ Feet From The ___ Unit Letter ____M South Line and ____ 330 West Feet From The Line 25-S Range 29-E Township Eddy NMPM County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3034.9' 11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING **TEMPORARILY ABANDON CHANGE PLANS** COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT **PULL OR ALTER CASING** CASING TEST AND CEMENT JOB X OTHER: 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. 9-5-93: Ran 142 joints of 5-1/2", 15.5#, K-55 casing to 5900'. Cemented in two stages: 200 sx Class "C" w/ .9% FL-62 + .3% CD-32 lst stage: + 1% BA58 w/ 2% KCL; plug down @ 2:00 p.m. Open DV tool and circulate 4 hrs., circulated 40 - 50 sx to pit. 365 sx BJ "C" lite w/5 PPS salt and 1/4 # 2nd stage: celloflake; tailed w/ 100 sx Class "C" neat. Plug down @ 7:00 p.m. I hereby certify that the information above is t Aplete to the best of my knowledge and belief Regulatory Agent SIGNATURE . 686-9927 TYTE OR PRINT NAME Ann E. Ritchie ORIGINALISIGNED BY (This space for State Use) MIKE WILLIAL 3 SUPERVISOR DISTRIC