

Submit 3 Copies
to Appropriate
District Office

BLM	
Land Office	
B of M	
Operator	

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

JUL 15 '94

O. C. D.
ARTESIA, OFFICE

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. 30-015-27767
2. Name of Operator SOUTHWEST ROYALTIES, INC.		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
3. Address of Operator P.O. BOX 11390, MIDLAND, TX 79702 (915) 686-9927		6. State Oil & Gas Lease No. V-2845
4. Well Location Unit Letter <u>A</u> : <u>710</u> Feet From The <u>NORTH</u> Line and <u>500</u> Feet From The <u>EAST</u> Line Section <u>2</u> Township <u>26S</u> Range <u>29E</u> NMPM <u>EDDY</u> County		7. Lease Name or Unit Agreement Name CATCLAW STATE
10. Elevation (Show whether DF, RKB, RT, GR, etc.)		8. Well No. 1
		9. Pool name or Wildcat NORTH BRUSHY DRAW DELAWARE

1. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
WELL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: PERFORATE & ACIDIZE <input checked="" type="checkbox"/>

2. 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.

6-21-94 WL CIBP AND SET AT 5600', WL BAIL CMT ON TOP OF PLUG, SET CMT RET AT 5395',
TST CSG TO 500# - OK, RU ON TBG AND PMP 150 SX CLASS "C" CEMENT THROUGH RETAINER.

6-22-94 PERF WILLIAMSON ZONE 5293', 5296', 5298', 5337', 5339' 5344'. 5347', 5349',
5351', 5353' & 5362' - 5365'. SPOT 250 GALS 7 1/2% NEFE ACID, ACIDIZE WITH
1250 GALS 7 1/2% NEFE ACID.

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

SIGNATURE Kate Ellison TITLE REGULATORY ASST. DATE 7-14-94
TYPE OR PRINT NAME KATE ELLISON TELEPHONE NO. (915) 686-9927
ext. 236

(This space for State Use)

SUPERVISOR, DISTRICT II

APPROVED BY _____ TITLE _____ DATE 8-3-94

CONDITIONS OF APPROVAL, IF ANY: