

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 27767

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.  
V-2845

**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 ☐

RECEIVED

2. Name of Operator

SOUTHWEST ROYALTIES, INC. ✓

3. Address of Operator

P. O. BOX 11390; MIDLAND, TX 79702

4. Well Location

Unit Letter A : 710 Feet From The North Line and 500 Feet From The East Line  
Section 2 Township 26S Range 29E NMPM Eddy County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

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. Proposed Procedure for P&A:

- 1) Set CIBP @ 5200' & cap w/35' of cement.  
2) Circ. ~~90~~ ppg gelled mud from above CIBP to surface.  
3) Cut 5-1/2" casing above freepoint. TOC by CBL run 1-17-94 is 4640'. Pull 5-1/2" csg.  
4) Spot 60 sx stub plug 50' inside 5-1/2" to 50' outside.  
5) Spot 60 sx plug from 3257' up to 3157'.  
6) Spot 50 sx plug from 670' up to 570'.  
7) Spot 25 sx plug from 50' to surface.  
8) Cut off 3' below surface, cap with 1/4" steel plate & install abandonment marker above ground level.

Notify OCD to witness All Tags.

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

SIGNATURE

B. Hatfield

TITLE

Regulatory Coordinator

DATE 7-9-96

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

**ORIGINAL SIGNED BY TIM W. GUM**  
**DISTRICT II SUPERVISOR**

APPROVED BY

TITLE

DATE

AUG 21 1996

CONDITIONS OF APPROVAL, IF ANY: