Submit 3 Copies to Appropriate District Office	Energy Ginerals and Natural	Resources Department	C151	Form C-103 Revised 1-1-89	
DISTRICT!	Box 1980, Hobbs, NM 88240 P.O. Box 2088 RICT II Drawer DD, Artesia, NM 88210 RICT III		WELL API NO.		
•			30 015 28587		
P.O. Drawer DD, Artesia, NM 88210			5. Indicate Type of Lease		
DISTRICT III			STATE XX FEE		
NO Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease No.		
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.)			7. Lease Name or Unit Agreement Name		
1. Type of Well:	Type of Well:			Dunes A 36 State	
MET X MET QYZ	OTHER	1 8764	106		
2. Name of Operator			8. Well No.		
Southwest Royalties, Inc.			2		
3. Address of Operator			9. Pool name or Wildcat		
P. O. BOX 11390; MIDLAND, TEXAS 79702			Brushy Draw North		
	Feet From The North	Line and330	Feet From The	West Line	
Section 36	Tamadia 25S	29E ,	Eddy		
	Township 233 I	Cange 1	VMPM Ludy	County	
Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data					
			SEQUENT REPORT OF:		
ERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING	CASING	
EMPORARILY ABANDON	ORARILY ABANDON CHANGE PLANS X COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT				
ULL OR ALTER CASING		CASING TEST AND CEMENT JOB			
THER:		OTHER:			
Describe Proposed or Completed Operation work) SEE RULE 1103.	cons (Clearly state all pertinent details, o	and give pertinent dates, include	ing estimated date of starting any	proposed	
Propose the follo	owing Casing & Hole Siz	ze Program:			
Casing Stri	ing Depth Casin	g Size Hole	Size Sxs Cmt	TOC	
Conductor	40' 20"			Surface	
Surface		11"	600	Surface	
Production	3,300 .5-1/2	' 15.5# · 7-7/8		1,000	
		•	•	, • • • • •	

Change TD from 3300' to 3400'.

See Attached Sheets

I hereby certify that the information above is true and complete to the best of my knowled signature Matt Doffer Matt Doffer	dge and belief. Engineer	6-4-96
TYPE OR PRINT NAME		TELEPHONE NO.
(This space for State Use) ORIGINAL SUZZIZED BY TEXE W. GUM DISTRICE II SUPERVISOR		JUN 1 1 1996

CONDITIONS OF APPROVAL, IF ANY: