

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

2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO. 30 015 28587
Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
State Oil & Gas Lease No.
Lease Name or Unit Agreement Name DUNES A 36 STATE
Well No. 2
Pool name or Wildcat N. BRUSHY DRAW 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.)	
Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER	
Name of Operator SOUTHWEST ROYALTIES, INC. ATTN: BEVERLY HATFIELD	
Address of Operator P. O. BOX 11390; MIDLAND, TX 79702	
Well Location Unit Letter E : 1650 Feet From The NORTH Line and 330 Feet From The WEST Line Section 36 Township 25S Range 29E NMPM EDDY County	
Elevation (Show whether DF, RKB, RT, GR, etc.) 3034' GR	

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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: ☐

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.

NOTIFY OCD TO WITNESS TAGS.

PROPOSE TO P&A WELL AS FOLLOWS:

- 1) SET CIBP @ 3250' AND CAP W/35' CMT.
- 2) CIRC HOLE W/10# PPG GELLED MUD.
- 3) CUT OFF 5-1/2" CSG @ + 1800'. TOC BY CBL @ 1860'. PULL 5-1/2" CASING.
- 4) SPOT 30 SXS 1730'-1850'. TAG PLUG
- 5) SPOT 40 SXS 540'-650'. TAG PLUG.
- 6) SPOT 10 SXS SURF PLUG.
- 7) CUT OFF 3' BELOW SURFACE, CAP W/1/4" STEEL PLATE AND INSTALL ABANDONMENT MARKER. CLEAR LOCATION.

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

SIGNATURE James Blount TITLE AREA SUPERVISOR DATE 06-18-98
TYPE OR PRINT NAME JAMES BLOUNT TELEPHONE NO. 915 686-9927

(This space for State Use)

APPROVED BY

Jim W. Blount B60

TITLE

District Supervisor

DATE 6-24-98

CONDITIONS OF APPROVAL, IF ANY: