

WF Chron PA Harold C, Bob L, Dawn H, Carolyn E, Vicki W, Anna S, Land

Submit 3 Copies
to Appropriate
District Office

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 88241-1980
DISTRICT II
P.O. Drawer DD, Artesia, NM 88210
DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

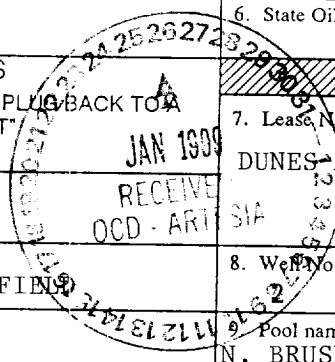
OIL CONSERVATION DIVISION

2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO. 30-015-28587
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FBE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name DUNES-A 36 STATE
8. Well No.
9. Pool name or Wildcat N. BRUSHY DRAW DELAWARE
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3034 GR

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"/>	2. Name of Operator SOUTHWEST ROYALTIES, INC. ATTN: BEVERLY HATFIELD
3. Address of Operator P. O. BOX 11390, MIDLAND, TEXAS 79702	4. Well Location Unit Letter <u>E</u> : <u>1650</u> Feet From The <u>NORTH</u> Line and <u>330</u> Feet From The <u>WEST</u> Line Section <u>36</u> Township <u>25S</u> Range <u>29E</u> NMPM <u>EDDY</u> County <u></u>
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3034 GR	

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK	<input type="checkbox"/>	PLUG AND ABANDON	<input type="checkbox"/>
TEMPORARILY ABANDON	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>		
OTHER:	<input type="checkbox"/>		

SUBSEQUENT REPORT OF:

REMEDIAL WORK	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
COMMENCE DRILLING OPNS.	<input type="checkbox"/>	PLUG AND ABANDONMENT	<input checked="" type="checkbox"/>
CASING TEST AND CEMENT JOB	<input type="checkbox"/>		
OTHER:	<input type="checkbox"/>		

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.

1-12-99:
1. NNMOCD BRIAN 9:30A.M. MT
1-13-99:
2. SET 5-1/2 CIBP @ 3250, DUMP BAIL
4 SXS. CMT. W/WL TOC @ 3211
3. CIR. HOLE W/MLF (10)
4. CUT 5-1/2 CSG. @ 1527
5. SOPT 30 SXS. CMT. @ 1577
1-14-99:
6. TAG TOC @ 1449
7. SPOT 40 SXS. CMT. W/2% CACL. WOC TAG
TOC @ 600

8. SPOT 40 SXS. CMT. W/2% CACL. WOC TAG
TOC @ 471
9. CIR. 10 SXS. CMT. 30-SURF.
1-15-99
10. CUT OFF WH 3 BELOW GUARD LEVEL
INSTALL DHM
BACK FILL CELLAR & PIT CUT OFF DEAD MAN

Post ID-2
3-12-99
PWA

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

SIGNATURE Roger Massey TITLE SENIOR SUPERVISOR DATE 1-14-99
TYPE OR PRINT NAME ROGER MASSEY TELEPHONE NO. (915) 570-0646

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: