

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 <input type="checkbox"/>	
Name of Operator SOUTHWEST ROYALTIES, INC.	
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 36 Section 25S Township 29E Range NMPM EDDY County	
Elevation (Show whether DF, RKB, RT, GR, etc.) 3034 GR	

11

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

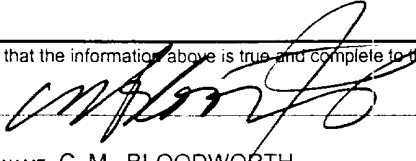
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ANBANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: FINAL ABANDONMENT <input type="checkbox"/>	

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.

7-20-00 RIPPED AND SEEDED LOCATION. ABANDONED ROAD. READY FOR FINAL ABANDONMENT INSPECTION.

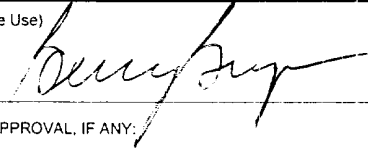
RECEIVED  
000 - ARTESIA

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

SIGNATURE  TITLE AREA SUPERVISOR DATE 07-25-00

TYPE OR PRINT NAME C. M. BLOODWORTH TELEPHONE NO.

(This space for State Use)

APPROVED BY  TITLE Field Rep I DATE 8-21-00

CONDITIONS OF APPROVAL, IF ANY:

LTR



Job separation sheet

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

Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

DUNES A 36 STATE

1. Type of Well:

OIL  
WELL ☒

GAS  
WELL ☐

OTHER

2. Name of Operator

SOUTHWEST ROYALTIES, INC. ATTN: BEVERLY HATFIELD

8. Well No.

2

3. Address of Operator

P. O. BOX 11390, MIDLAND, TEXAS 79702

9. Pool name or Wildcat

N. BRUSHY DRAW DELAWARE

4. 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

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

3034 GR

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 ☐

WELL 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.

1-12-99:

1. NNMCD 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

7-12-99

PvA

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

*Benny Bury*

TITLE

*Field Rep I*

DATE

*7-21-00*

CONDITIONS OF APPROVAL, IF ANY.