

Submit 1 Copy To Appropriate District  
Office  
District I – (575) 393-6161  
1625 N. French Dr., Hobbs, NM 88240  
District II – (575) 748-1283  
811 S. First St., Artesia, NM 88210  
District III – (505) 334-6178  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV – (505) 476-3460  
1220 S. St. Francis Dr., Santa Fe, NM  
87505

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103  
Revised July 18, 2013

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

|                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------|
| <b>SUNDRY NOTICES AND REPORTS ON WELLS</b><br>(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.)<br>1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/> |  | WELL API NO.<br><b>30-025-32159</b>                                                                 |
| 2. Name of Operator<br><b>SOUTHWEST ROYALTIES, INC.</b>                                                                                                                                                                                                                                                                                         |  | 5. Indicate Type of Lease<br>STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> |
| 3. Address of Operator<br><b>P.O. BOX 53570; MIDLAND, TEXAS 79710</b>                                                                                                                                                                                                                                                                           |  | 6. State Oil & Gas Lease No.                                                                        |
| 4. Well Location<br>Unit Letter <b>D</b> : <b>990</b> feet from the <b>NORTH</b> line and <b>660</b> feet from the <b>WEST</b> line<br>Section <b>09</b> Township <b>23S</b> Range <b>37E</b> NMPM <b>LEA</b> County                                                                                                                            |  | 7. Lease Name or Unit Agreement Name<br><b>B F HARRISON B</b>                                       |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.)<br><b>3,319' GR</b>                                                                                                                                                                                                                                                                          |  | 8. Well Number<br><b>#18</b>                                                                        |
| 9. OGRID Number<br><b>21355</b>                                                                                                                                                                                                                                                                                                                 |  | 10. Pool name or Wildcat<br><b>TEAGUE; GLORIETA; PADDOCK</b>                                        |

12. 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"/> | P AND A <input type="checkbox"/>         |
| PULL OR ALTER CASING <input type="checkbox"/>  | MULTIPLE COMPL <input type="checkbox"/>   | CASING/CEMENT JOB <input type="checkbox"/>       |                                          |
| DOWNHOLE COMMINGLE <input type="checkbox"/>    |                                           |                                                  |                                          |
| CLOSED-LOOP SYSTEM <input type="checkbox"/>    | OTHER: <input type="checkbox"/>           | OTHER: <b>Return to Production</b>               | <input checked="" type="checkbox"/>      |

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

**Previous operator SI due to economic reasons, RTP on 9/10/2021.**

**Latest test 9/10/2021: 20 BO, 30 MCF, 200 BW**

**\*On NMOCD Inactive List.**

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

SIGNATURE Lindsay Livesay TITLE REGULATORY ANALYST DATE 10/04/2021

Type or print name LINDSAY LIVESAY E-mail address: llivesay@swrpermian.com PHONE: (432) 207-3054

**For State Use Only**

APPROVED BY: John Garcia TITLE Petroleum Engineer DATE 11/2/2021

Conditions of Approval (if any): 200

**District I**  
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**District IV**  
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Phone:(505) 476-3470 Fax:(505) 476-3462

**State of New Mexico**  
**Energy, Minerals and Natural Resources**  
**Oil Conservation Division**  
**1220 S. St Francis Dr.**  
**Santa Fe, NM 87505**

CONDITIONS  
  
Action 58460

CONDITIONS

|                                                                            |                                                    |
|----------------------------------------------------------------------------|----------------------------------------------------|
| Operator:<br>SOUTHWEST ROYALTIES INC<br>P O BOX 53570<br>Midland, TX 79710 | OGRID:<br>21355                                    |
|                                                                            | Action Number:<br>58460                            |
|                                                                            | Action Type:<br>[C-103] Sub. For Delivery (C-103V) |

CONDITIONS

|            |           |                |
|------------|-----------|----------------|
| Created By | Condition | Condition Date |
| jagarcia   | None      | 11/2/2021      |