

Submit 3 Copies To Appropriate District  
Office  
District I  
1625 N. French Dr., Hobbs, NM 88240  
District II  
1301 W. Grand Ave., Artesia, NM 88210  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
1220 S. St. Francis Dr., Santa Fe, NM  
87505

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103  
May 27, 2004

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

|                                                                                                           |
|-----------------------------------------------------------------------------------------------------------|
| WELL API NO.<br><b>30-015-05672</b>                                                                       |
| 5. Indicate Type of Lease <b>Federal</b> .<br>STATE <input type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil & Gas Lease No.                                                                              |
| 7. Lease Name or Unit Agreement Name<br><b>SHUBART B</b>                                                  |
| 8. Well Number <b>3</b>                                                                                   |
| 9. OGRID Number<br><b>21986</b>                                                                           |
| 10. Pool name or Wildcat                                                                                  |

|                                                                                                                                                                                                                 |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| SUNDRY NOTICES AND REPORTS ON WELLS<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.)          |  |
| 1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>                                                                                  |  |
| 2. Name of Operator<br><b>SWR Operating Co.</b>                                                                                                                                                                 |  |
| 3. Address of Operator<br><b>200 Crescent St, Dallas, TX</b>                                                                                                                                                    |  |
| 4. Well Location<br>Unit Letter <b>N</b> : <b>330</b> feet from the <b>S</b> line and <b>1650</b> feet from the <b>W</b> line<br>Section <b>33</b> Township <b>18S</b> Range <b>31E</b> NMPM County <b>Eddy</b> |  |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.)                                                                                                                                                              |  |
| Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>                                                                                                                |  |
| Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____                                                                                |  |
| Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____                                                                                                                 |  |

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 checked="" type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/>  | MULTIPLE COMPL <input type="checkbox"/>   | CASING/CEMENT JOB <input type="checkbox"/>       |                                             |
| OTHER: <input type="checkbox"/>                |                                           | OTHER: <input 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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

5/20/04 MTRU.  
5/21/04. Pull Rods & Tub. Tub. parted @ 78 50% L.A. prod. 2418'  
5/24/04. R/G. W/O.S., Fish Tub. . Total 109 50%.  
R/G. W/Tub C/A. Hole. spot. 255x emb. WOC.  
5/25/04. Tag @ 3038' Part. @ 2265' 292.100' In + Out.  
5/26/04. Part @ 845' 292.805-905'  
5/27/04. TAG 706'  
5/28/04. Part @ 60' 845' + 512' 29 to 2418' 24 KCC R/G.  
6/1/04. TUC @ 38' fill to 2418'.  
well P/A

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE Phil Hankins TITLE Field Inspector DATE 7/8/04

Type or print name  
**For State Use Only**

E-mail address:

Telephone No.

APPROVED BY: \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

Conditions of Approval (if any):