Subtractive Subtraction of the S	State of New Me	xico	Form C-103
Offic	Energy, Minerals and Natur	ral Resources	May 27, 2004
<u>Distract</u> 1625 N. French Dr., Hobbs, NM 88240	Direigy, willionals and water	an resources	WELL API NO.
District II		30-005-60787	
1301 W. Grand Ave., Artesia, NM 88210 District III	rict III 1220 South St. Francis Dr.		5. Indicate Type of Lease STATE x FEE
1000 Rio Brazos Rd., Aztec, NM 87410 District IV Santa Fe, NM 87505		6. State Oil & Gas Lease No.	
1220 S. St. Francis Dr., Santa Fe, NM 87505		L-4920	
	ES AND REPORTS ON WELLS		7. Lease Name or Unit Agreement Name
(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.)			STATE JA
PROPOSALS.) 1. Type of Well: Oil Well G	ias Well 🔲 Other	PEIVED	8. Well Number 1
1. Type of Well: Oil Well G 2. Name of Operator	SEP SEP	- 2 200c	9. OGRID Number
SOUTHWEST ROYALTIES, INC.	196H-	ALT FORM	021355
3. Address of Operator		WITEO IN	10. Pool name or Wildcat
6 DESTA DRIVE, STE 2100			LOST LAKE STRAWN
4. Well Location			
Unit Letter F: 1980 feet from the N line and 1980 feet from the W line			
Section 36	Township O8S	Range 29E	NMPM CHAVES County
	11. Elevation (Show whether DR,		
4074.4 GL			
Pit or Below-grade Tank Application or Closure			
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:			
	PLUG AND ABANDON	REMEDIAL WOR	
	CHANGE PLANS	COMMENCE DRI	
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMENT	I JOB
OTHER:		OTHER:	П
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.			
MI RU 6/10/05; TOH w/eqpmt; RIH w/1-3/4" CT and sonic hammer attached; RIH @ 74 FPM started washing csg wall w/7% KCL wtr mixed w/nitrogen built foam pad and CO csg to 9230'; circ 100 Bbls back to tanks; pull CT above perfs and treat Zion 8442' – 8476' (136			
holes) w/2000 gals 7-1/2" acid; RIH w/prod eqpmt; swab; drop soap sticks; left well SIFPBU on 6/27/05.			
I hereby certify that the information ab	ove is true and complete to the he	et of my knowledge	a and haliaf I further coulify that any nit or halow
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 Saw	TITLE_C	PERATIONS ASS	SISTANT DATE 9/1/05_
Type or print name DAWN M. H	OWARD <u>dhoward@clay</u>	tonwilliams.com	Telephone No. 432/688.3267
For State Use Only			- 4 000
APPROVED BY: FOR R	ECORDS ONLY TITLE		DATEDATE
Conditions of Approval (if any):	4		