

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 **Rec'd 07/10/20 - NMOCD**
Energy, Minerals and Natural Resources

Form C-103
Revised July 18, 2013

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

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"/>		WELL API NO. 30-025-10411
2. Name of Operator SOUTHWEST ROYALTIES, INC.		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
3. Address of Operator P.O. BOX 53570; MIDLAND, TEXAS 79710		6. State Oil & Gas Lease No.
4. Well Location Unit Letter K : 1980 feet from the SOUTH line and 2130 feet from the WEST line Section 22 Township 22S Range 37E NMPM LEA County		7. Lease Name or Unit Agreement Name WILL CARY
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3,342' GR		8. Well Number #6
		9. OGRID Number 21355
		10. Pool name or Wildcat CARY MONTOYA

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: Return to Production	<input checked="" type="checkbox"/>

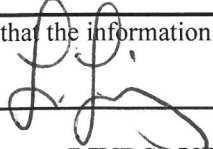
13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

6/18/2020 AOL. Well not pumping due to electrical issues. Repaired electricity. Turn on. Well pumped up in 4 strokes to 500#. Left well running.

Latest test 7/1/2020: 1 bo, 2 mscf, 1 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  TITLE REGULATORY ANALYST DATE 07/09/2020
Type or print name LINDSAY LIVESAY E-mail address: llivesay@swrpermian.com PHONE: (432) 207-3054

For State Use Only

APPROVED BY:  TITLE _____ DATE 08/10/2020
Conditions of Approval (if any): _____