Submit 1 Com To Ammunist District		
Submit 1 Copy To Appropriate District Office	State of New Mexico	Form C-103
District I – (575) 393-6161	Energy, Minerals and Natural Resources	Revised July 18, 2013
1625 N. French Dr., Hobbs, NM 88240		WELL API NO.
<u>District II</u> – (575) 748-1283	OIL CONCERNATION DIVISION	30-025-21938
811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION	5. Indicate Type of Lease
<u>District III</u> (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis OBBS OCD	STATE STATE
District IV $-(505) 476-3460$	Santa Eo. NIM 87505	
1220 S. St. Francis Dr., Santa Fe, NM	07 2014	58102
87505	AUG 07 2014	56104
SUNDRY NOT	ICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPO	SALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A CONTROL STATION FOR PERMIT" (FORM C-101) FOR SUCH RECEIVED	Flying M San Andres Unit
	CATION FOR PERMIT" (FORM C-101) FOR SUCHRECEIVE	
PROPOSALS.)		8. Well Number 15-3
1. Type of Well: Oil Well	Gas Well Other Injection Well	
2. Name of Operator	·	9. OGRID Number 21355
Sout	nwest Royalties, Inc.	
3. Address of Operator	10. Pool name or Wildcat	
6 Des	Flying M San Andres	
4. Well Location		· · · ·
	eet from the S line and 797 feet from the E	line
Section 21	Township 98 Range 33E	NMPM Lea County
	11. Elevation (Show whether DR, RKB, RT, GR, etc.)	
	4341' GL	

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

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK [		PLUG AND ABANDON		REMEDIAL WORK ALTERING CASING	
TEMPORARILY ABANDON		CHANGE PLANS		COMMENCE DRILLING OPNS. P AND A	
PULL OR ALTER CASING		MULTIPLE COMPL		CASING/CEMENT JOB	
DOWNHOLE COMMINGLE [					
CLOSED-LOOP SYSTEM					
OTHER:				OTHER:	
13 Describe proposed or completed operations. (Clearly state all partipant details, and give partipant dates, including estimated date					

 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.

Conducted an MP test on such wellbore as requested and required by rule. Attached you find a Chart, test was witnessed by a representative of OCD Mr. Bill Sonnamaker

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

FOR RECORD ONL

SIGNATURE	holdon	ar	TITLE	Environmental regulatory	Manager DATE August 4 <sup>th</sup> 2014
Type or print name	Luis Gonzalez	E-mail add	iress: Igon	zalez@claytonwilliams.con	n PHONE: <b>432-661-4708</b>
For State Use Only					
APPROVED BY:		make	TITLE	Stuff Manager	DATE 8/8/2014
Conditions of Appro	oval (if any):				
		÷ ,		AUG	1 2014

