Submit I 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 WELL API NO.	
1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> – (575) 748-1283	OIL CONSERVATION DIVI		WELL API	30-025-29487
811 S. First St., Artesia, NM 88210 District III – (505) 334-6178		1.5		Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis D Santa Fe, NM 87505	BS OCH	STA	TE FEE 6
<u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM		07 2014	o. State Off	058102
87505 SUNDRY NOT	ICES AND REPORTS ON WELLS	7	7. Lease Na	ame 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 SUCHECEIVED		K TO A	Flying M San Andres Unit	
PROPOSALS.) 1. Type of Well: Oil Well	Gas Well Other Injection Well		8. Well Number 13-6	
2. Name of Operator			9. OGRID Number 21355	
Southwest Royalties, Inc. 3. Address of Operator			10. Pool name or Wildcat	
6 Desta Dr, Suite 2100 Midland, Tx 79705			Flying M San Andres	
4. Well Location				
Unit Letter A: 660 feet from the North line and 660 feet from the East line				
Section 20	Township 9S Range 3		NMPM	Lea County
	4389' KB	π1, Oπ, ειс.)		
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				
DOWNHOLE COMMINGLE	MOLTIPLE COMPL CASI	NG/CEMENT J	ОВ	U.
CLOSED-LOOP SYSTEM				
OTHER:	OTHI		iva nantina	nt datas includina astimatad data
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.				
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.				
SIGNATURE TITLE Environmental regulatory Manager DATE August 4th 2014				
Type or print name Luis Gonzalez E-mail address: lgonzalez@claytonwilliams.com PHONE: 432-661-4708				
For State Use Only				
APPROVED BY: Bill Son	namal TITLE Staff	Manage	/	DATE 8/8/2014
Conditions of Approval (if any):				,

RECORD ONLY

AUG 1 1 2014

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