

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
June 19, 2008

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

WELL API NO. 30-025-20637
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. 20713
7. Lease Name or Unit Agreement Name Flying M SA Unit
8. Well Number 141
9. OGRID Number 21355
10. Pool name or Wildcat Flying M San Andres

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well: Oil Well ☐ Gas Well ☐ Other Injection ☐ **AUG 10 2015**

2. Name of Operator
Southwest Royalties, Inc.

3. Address of Operator
6 Desta Drive, STE 2100, Midland, TX 79705

4. Well Location
Unit Letter **P** : **660** feet from the **S** line and **663** feet from the **E** line
Section **20** Township **09 S** Range **33 E** NMPM **LEA** County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
4336 GL

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 checked="" 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"/>			
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.

WELL HAS BAD CASING AND FAILED RECENT STATE INTEGRITY TEST.
CHANGE STATUS TO TEMPORARILY ABANDONED EFFECTIVE 6/3/2015.

DENIED

IF WELL FAILED MIT,
WELL WILL NOT PASS
T/A TEST. REQUEST
DENIED. **MAR 8/11/2015**

Spud Date:

6/3/1964

Rig Release Date:

6/10/1964

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

SIGNATURE

Griffin Hays

TITLE

REGULATORY ANALYST

DATE

8/6/2015

Type or print name

GRIFFIN HAYS

E-mail address:

ghays@claytonwilliams.com

PHONE:

432-688-3267

For State Use Only

APPROVED BY:

TITLE

DATE

Conditions of Approval (if any):

AUG 11 2015

fm