

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
 May 27, 2004

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

WELL API NO. 30-025-33308	<input checked="" type="checkbox"/>
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
6. State Oil & Gas Lease No. 15659	
7. Lease Name or Unit Agreement Name Ammons Madera	<input checked="" type="checkbox"/>
8. Well Number 4	<input checked="" type="checkbox"/>
9. OGRID Number 21355	<input checked="" type="checkbox"/>
10. Pool name or Wildcat Salado Draw Delaware	<input checked="" type="checkbox"/>

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 Gas Well Other **HOBBS OCD** ✓

2. Name of Operator
Southwest Royalties

3. Address of Operator **3700**
6 Desta Dr., Ste. ~~2100~~ Midland, TX 79705

4. Well Location
 Unit Letter N : 660 feet from the South line and 1980 feet from the West line
 Section 15 Township 26 S Range 33-E NMPM County LEA ✓

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

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 INTI PERFORM REMEDIAL WORK <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> OTHER: <input type="checkbox"/>	INT TO PA P&A NR <u>PMX</u> P&A R _____	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input checked="" type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: <input type="checkbox"/>
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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.

- 6/13/16 – RIH w/5 ½ CIBP & set @ 4930’.
- 6/14/16 – Circ salt gel mud from 4930’ – Pressure test 5 ½ csg. Hold good @ 500psi for 30min.
- 6/14/16 – Spot 55sx cmt. Plug on top of CIBP. WOC & tag. RIH & tag @ 4280’.
- 6/14/16 – Perf @ 1200’ was not able to pump in 1000-1200psi. Was advised by Mark W w/OCD to drop down to 1250’ & spot 25sx cmt & WOC tag. RIH & tag @ 1016’.
- 6/15/16 – Perf @ 350’ pumped & sqz 140sx to surf. Had good cmt circ to pit.
- 6/15/16 – Top off w/10sx & installed DHM. Job Complete.

Approved for Plugging of wellbore only. Liability under bond is retained pending restoration and completion of the C-103, Specific for Subsequent Report of Well Plugging, which may be found on the OCD web page under forms.

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 [Signature] TITLE General Manager DATE 6.20.16

Type or print name _____ E-mail address: _____ Telephone No. _____

APPROVED BY: [Signature] TITLE P.E.S. DATE 7/5/2016

Conditions of Approval (if any):

MW