

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
 Energy, Minerals and Natural Resources
OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

Form C-103
 Revised July 18, 2013

HOBBS OCD
RECEIVED
 SEP 19 2016

WELL API NO. 30-025-24692
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No. NM 05812
7. Lease Name or Unit Agreement Name Flying 'M' San Andres Unit <input checked="" type="checkbox"/>
8. Well Number 24 #1 <input checked="" type="checkbox"/>
9. OGRID Number 21355 <input checked="" type="checkbox"/>
10. Pool name or Wildcat Flying 'M' San Andres
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4342 GR

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 Injection

2. Name of Operator
SOUTHWEST ROYALTIES, INC.

3. Address of Operator
6 DESTA DRIVE, STE 3700, MIDLAND, TX 79705

4. Well Location
 Unit Letter K : 1980 feet from the SOUTH line and 1980 feet from the WEST line
 Section 29 Township 9S Range 33E NMPM LEA County

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"/>			
CLOSED-LOOP SYSTEM <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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

NOT APPROVED DUE TO MIST FAILURE
6/28/2016
REPAIR DUE BY
10/1/2016
MJB

This injection well has been temporarily abandoned due to failing the braden head test that was inspected by the OCD in July 2016.

Spud Date: 3/21/1974

Rig Release Date: 4/6/1974

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 9/16/2016

Type or print name GRIFFIN HAYS E-mail address: ghays@claytonwilliams.com PHONE: (432) 688-3267

For State Use Only

APPROVED BY: *MJB* **Accepted for Record Only** DATE 9/19/2016

Conditions of Approval (if any):

Accepted for Record Only
Accepted for Record Only
MJBrown 9/19/2016