

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

HOBBS OCD State of New Mexico
 Energy, Minerals and Natural Resources
OCT 17 2016
RECEIVED
 OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

Form C-103
 May 27, 2004

WELL API NO. 30-025-20807
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. 58102
7. Lease Name or Unit Agreement Name Flying M S.A. Unit ✓
8. Well Number 6-1 Le1 ✓
9. OGRID Number 21355 ✓
10. Pool name or Wildcat Flying M (SA)

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

2. Name of Operator
Southwest Royalties ✓

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

4. Well Location
 Unit Letter F : 2121 feet from the N line and 1839 feet from the W line ✓
 Section 16 Township 9S Range 33E NMPM County LEA

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
 4395

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 INT INT TO PA

PERFORM REMEDIAL WORK P&A NR Pm. x
 TEMPORARILY ABANDON P&A R -
 PULL OR ALTER CASING

OTHER: _____

SUBSEQUENT REPORT OF:

REMEDIAL WORK ALTERING CASING
 COMMENCE DRILLING OPNS. P AND A
 CASING/CEMENT JOB

OTHER:

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.

10-4-16 – Set CIBP @ 4400'. Circ well salt gel mud. Press test 4 1/2 csg to 500psi good for 30mins. Spot 25sx cmt @ 4400'. WOC & tag @ 3986'. Perf @ 2450'. Could not pump in OCD Mark W advised to spot 30sx @ 2500'. & WOC & tag.

10-5-16 – RH & tag @ 2270'. Perf @ 1945'. Pumped & sqz 40sx cmt plug pumped in @ 200psi shut in @ 400psi WOC & tag. RH & tag @ 1753'. Perf @ 450' Pumped & sqz 175 sx to surf. Cut off WH. Install 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 Owner DATE 10-11-2016

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

APPROVED BY: [Signature] TITLE P.E.S. DATE 10/17/2016

Conditions of Approval (if any):