

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

**HOBBS OCD**  
 OIL CONSERVATION DIVISION  
 1220 South St. Francis Dr.  
 Santa Fe, NM 87505  
 OCT 26 2016

RECEIVED

WELL API NO. 30-025-22574
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Flying M S.A Unit
8. Well Number 311
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 P : 709 feet from the S line and 660 feet from the E line  
 Section 33 Township 9S Range 33E NMPM County LEA

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
4276

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

<b>NOTICE OF INTEN</b>	<b>INT TO PA</b>	<b>SUBSEQUENT REPORT OF:</b>
PERFORM REMEDIAL WORK <input type="checkbox"/>	PL <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CH <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	ML <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
		P AND A <input checked="" type="checkbox"/>
		CASING/CEMENT JOB <input type="checkbox"/>
OTHER: _____	OTHER: _____	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.

- 10-7-16 – Set CIBP @ 4500’.
- 10-7-16 – Circ well w/salt gel mud. Spot 25sx cmt. Plug & disp. WOC & tag @ 4145’.
- 10-10-16 – Perf @ 2500’, was not able to pump in 1000-1100psi. Contact OCD w/Mark W., was advised to drop down to 2550’ & spot 30sx & tag. Spot 30sx @ 2550’ & disp. WOC & tag. RIH & tag @ 2230’.
- 10-11-16 – Perf @ 1900’ pumped & sqz 40sx cmt. Plug & disp. Pumped in @ 200psi. Shut in @ 300psi. RIH & tag @ 1732’.
- 10-12-16 – Perf @ 319. Pumped & sqz 160sx cmt to surf. Cut off WH top off w/10sx. Installed GPS plate.

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.

Start date: 10-6-16      JOB COMPLETE 10-12-16

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 10-17-16

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

APPROVED BY: [Signature] TITLE P.E.S. DATE 10/26/2016

Conditions of Approval (if any):