

Submit One Copy To Appropriate District Office  
District I  
1625 N. French Dr., Hobbs, NM 88240  
District II  
811 S. First St., 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  
Revised November 3, 2011

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

WELL API NO. 30-025-22574 00966  
5. Indicate Type of Lease  
STATE  FEE   
6. State Oil & Gas Lease No. 2045  
7. Lease Name or Unit Agreement Name Flying M State  
8. Well Number #1  
9. OGRID Number 21355  
10. Pool name or Wildcat Flying M Abo  
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4374'

HOBBS OCD  
AUG 06 2018  
RECEIVED

SUNDRY NOTICES AND REPORTS ON WELLS  
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO 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, Inc.  
3. Address of Operator 200 North Loraine Street, Suite 400; Midland, Texas 79701  
4. Well Location  
Unit Letter D : 660 feet from the North line and 660 feet from the West line  
Section 15 Township 9S Range 33E NMPM \_\_\_\_\_ County Lea  
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4374'

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

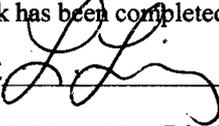
<b>NOTICE OF INTENTION TO:</b> PERFORM REMEDIAL WORK <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> OTHER: <input type="checkbox"/>	<b>SUBSEQUENT REPORT OF:</b> REMEDIAL WORK <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> <input checked="" type="checkbox"/> Location is ready for OCD inspection after P&A	<b>PLUG AND ABANDON</b> <input type="checkbox"/> <b>CHANGE PLANS</b> <input type="checkbox"/> <b>MULTIPLE COMPL</b> <input type="checkbox"/> <b>ALTERING CASING</b> <input type="checkbox"/> <b>P AND A</b> <input type="checkbox"/>
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All pits have been remediated in compliance with OCD rules and the terms of the Operator's pit permit and closure plan.  
 Rat hole and cellar have been filled and leveled. Cathodic protection holes have been properly abandoned.  
 A steel marker at least 4" in diameter and at least 4' above ground level has been set in concrete. It shows the

**OPERATOR NAME, LEASE NAME, WELL NUMBER, API NUMBER, QUARTER/QUARTER LOCATION OR UNIT LETTER, SECTION, TOWNSHIP, AND RANGE. ALL INFORMATION HAS BEEN WELDED OR PERMANENTLY STAMPED ON THE MARKER'S SURFACE.**

- The location has been leveled as nearly as possible to original ground contour and has been cleared of all junk, trash, flow lines and other production equipment.
- Anchors, dead men, tie downs and risers have been cut off at least two feet below ground level.
- If this is a one-well lease or last remaining well on lease, the battery and pit location(s) have been remediated in compliance with OCD rules and the terms of the Operator's pit permit and closure plan. All flow lines, production equipment and junk have been removed from lease and well location.
- All metal bolts and other materials have been removed. Portable bases have been removed. (Poured onsite concrete bases do not have to be removed.)
- All other environmental concerns have been addressed as per OCD rules.
- Pipelines and flow lines have been abandoned in accordance with 19.15.35.10 NMAC. All fluids have been removed from non-retrieved flow lines and pipelines.
- If this is a one-well lease or last remaining well on lease: all electrical service poles and lines have been removed from lease and well location, except for utility's distribution infrastructure. - **Lea Co. Electric has been notified to remove the power poles, feeder lines and main line poles from location.**

When all work has been completed, return this form to the appropriate District office to schedule an inspection.

SIGNATURE  TITLE Regulatory Analyst DATE 07/28/2018

TYPE OR PRINT NAME Lindsay Livesay E-MAIL: llivesay@swrpermian.com PHONE: (432)207-5034

For State Use Only

APPROVED BY: Kerry Fortner TITLE Compliance Officer A DATE 8-5-18

Conditions of Approval (if any):