

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 88201  
 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

Form C-103  
 Revised July 18, 2013

**HOBBS OGD CONSERVATION DIVISION**  
 1220 South St. Francis Dr.  
 Santa Fe, NM 87505  
**JUL 18 2019**

WELL API NO. <b>30-025-24702</b>
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name <b>FLYING M SA UNIT</b>
8. Well Number <b>#1A6 (#16)</b>
9. OGRID Number <b>21355</b>
10. Pool name or Wildcat <b>FLYING M; SAN ANDRES</b>

**SUNDRY RECEIVED 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, INC.**

3. Address of Operator  
**P.O. BOX 53570; MIDLAND, TEXAS 79710**

4. Well Location  
 Unit Letter **G**; **1980** feet from the **NORTH** line and **1980** feet from the **EAST** line  
 Section **29** Township **09S** Range **33E** NMPM **LEA** County **LEA**

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
**4331.7' GR**

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

<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input 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.

6/18/19: MIRU Pulling unit (Joes Well Service)

6/19/19: POOH rods/pump. R&R pump. RIH repaired pump. HWO, RWTP.

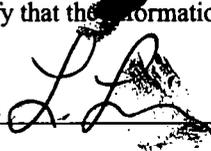
6/20/19: 24hr well test: 0.5 bopd, 0 mcf, 14 bwpd

**\*On NMOCD Inactive List\***

Spud Date: **03/31/1974**

Rig Release Date: **04/11/1974**

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE  TITLE **REGULATORY ANALYST** DATE **06/21/2019**

Type or print name **LINDSAY LIVESAY** E-mail address: **llivesay@swrpermian.com** PHONE: **432/207-3054**  
**For State Use Only**

APPROVED BY:  TITLE **Petroleum Engineer** DATE **07/20/19**  
 Conditions of Approval (if any):