

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

Form C-103  
 Revised July 18, 2013

JUL 18 2019

RECEIVED

WELL API NO. <b>30-025-21938</b>
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No. <b>58102</b>
7. Lease Name or Unit Agreement Name <b>FLYING M SA UNIT</b>
8. Well Number <b>#153</b>
9. OGRID Number <b>21355</b>
10. Pool name or Wildcat <b>FLYING M; SAN ANDRES</b>

**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, INC.**

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

4. Well Location  
 Unit Letter **P**; **525** feet from the **SOUTH** line and **797** feet from the **EAST** line  
 Section **21** Township **09S** Range **33E** NMPM **LEA** County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
**4341' 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.

6/19/19: MIRU pulling unit (Joes Well Service). Unset packer, TOO H 141 jts 2-3/8" IBC tbg and packer. Send in packer for repair. SDFN.

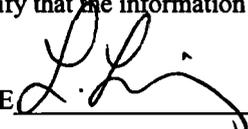
6/20/19: RIH 4" bit and scraper. Tag @ 4445', work through 4-1/2" csg tight spot to top perf @ 4516'. POOH, SDFN.

6/21/19: RIH tbg/packer assembly to 4450' (66' above top perf). Set AD-1 packer, circulate 50 bbls packer fluid. RU pump truck, pressure up to 500#, chart paged. NMOCD witnessed. Injection rate tested.

\*On NMOCD Inactive List\*

Spud Date: **12/16/1966** Rig Release Date: **12/30/1966**

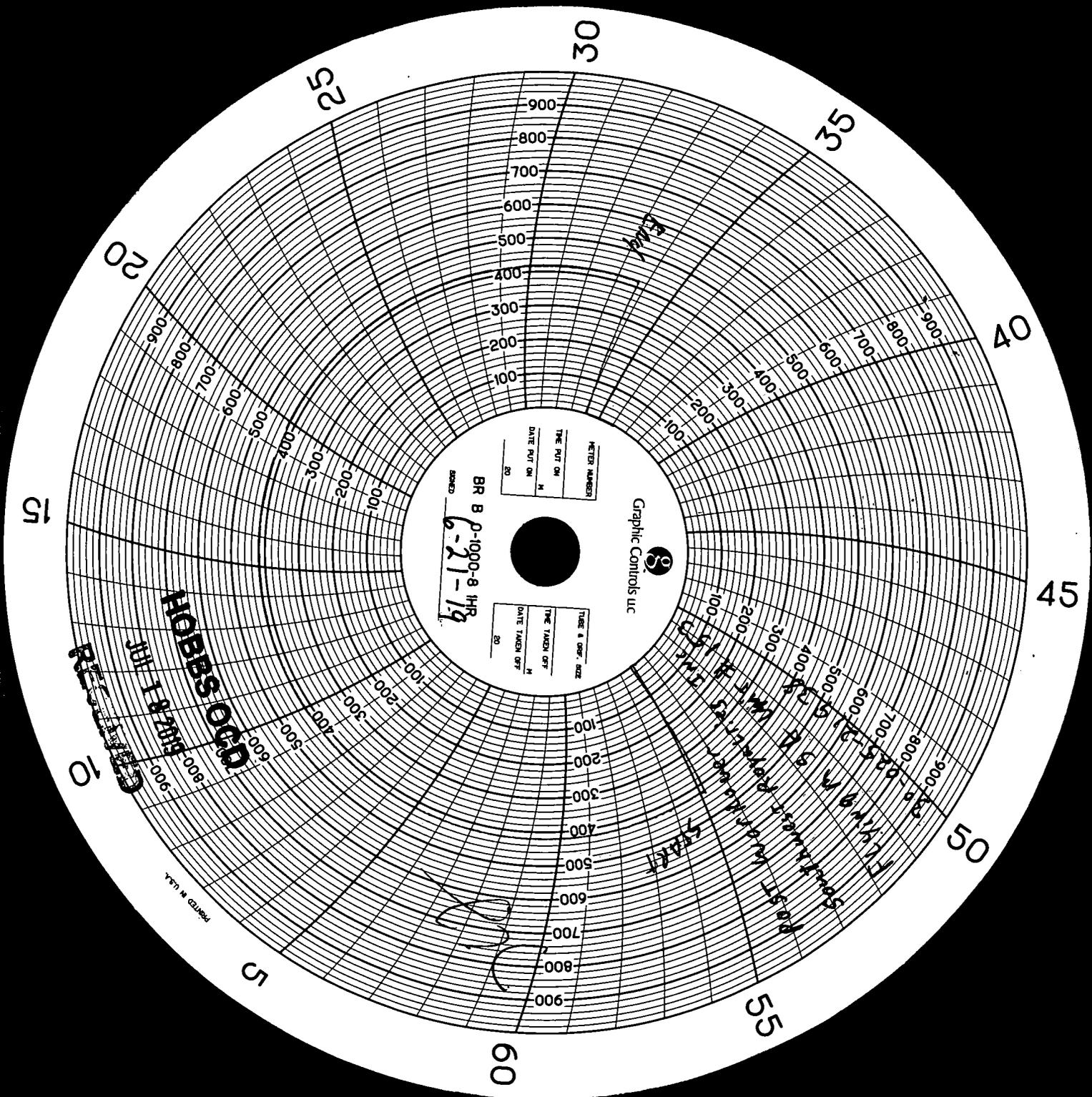
I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE  TITLE **REGULATORY ANALYST** DATE **06/22/2019**

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

APPROVED BY:  TITLE **C. O. A** DATE **8-14-19**  
 Conditions of Approval (if any):

2



Graphic Controls Inc

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6-21-19

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MADE IN U.S.A.