

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

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

Form C-103  
Revised July 18, 2013

|   |  |   |
|---|--|---|
| <b>SUNDRY NOTICES AND REPORTS ON WELLS</b><br>(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.)       |  | WELL API NO.<br><b>30-025-29487</b>   |
| 1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input checked="" type="checkbox"/> INJECTION  |  | 5. Indicate Type of Lease<br>STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> |
| 2. Name of Operator<br><b>SOUTHWEST ROYALTIES, INC.</b>   |  | 6. State Oil & Gas Lease No.<br><b>058102</b>   |
| 3. Address of Operator<br><b>P.O. BOX 53570; MIDLAND, TEXAS 79710-3570</b>  |  | 7. Lease Name or Unit Agreement Name<br><b>FLYING M SA UNIT</b>                                     |
| 4. Well Location<br>Unit Letter <u>A</u> : <u>660</u> feet from the <u>NORTH</u> line and <u>660</u> feet from the <u>EAST</u> line<br>Section <u>20</u> Township <u>9S</u> Range <u>33E</u> NMPM <u>LEA</u> County |  | 8. Well Number<br><b>#136</b>   |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.)<br><b>4389' GR</b>   |  | 9. OGRID Number<br><b>21355</b>   |
|   |  | 10. Pool name or Wildcat<br><b>FLYING M SAN ANDRES</b>  |

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

| NOTICE OF INTENTION TO:                        |   | SUBSEQUENT REPORT OF:                            |  |
|--|---|--|--|
| PERFORM REMEDIAL WORK <input type="checkbox"/> | PLUG AND ABANDON <input type="checkbox"/> | REMEDIAL WORK <input 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 checked="" 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.

Conducted an MP test on the Flying M SA Unit #136 wellbore as requested and required by rule. Attached you will find a chart, test was witnessed by OCD representative Daniel Olivas.

**HOBBS OCD**

**AUG 26 2019**

**RECEIVED**

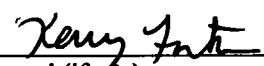
Spud Date:

Rig Release Date:

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

SIGNATURE  TITLE REGULATORY ANALYST DATE 08/21/2019

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

APPROVED BY:  TITLE C. O. A DATE 9-6-19  
Conditions of Approval (if any):