

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  
 June 19, 2008

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

WELL API NO. 30-041-20762
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 BOYS RANCH
8. Well Number 001
9. OGRID Number 016272
10. Pool name or Wildcat NEW HOPE WOLFCAMP EAST GAS
11. Elevation (Show whether DR, RKB, RT, GR, etc.)

**RECEIVED**  
**AUG 24 2009**  
**HOBBS OGD**

**STANDARD 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  
MWS PRODUCING, INC. 138987

3. Address of Operator  
P.O. BOX 1404 STANTON, TX 79782

4. Well Location  
 Unit Letter O : 660 feet from the SOUTH line and 1980 feet from the EAST line  
 Section 29 Township 6S Range 34E NMPM County ROOSEVELT

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"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/> OTHER: <input type="checkbox"/>	<b>SUBSEQUENT REPORT OF:</b> REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input checked="" type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: <input type="checkbox"/>
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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.

9/1/09 tubing stuck - pump 110 sacks down tubing. Well on vacuum.  
 9/2/09 pump 110 sacks down tubing - no tag pump 110 sacks down tubing no tag  
 9/3/09 pump 110 sacks down tubing - tag @ 7167' cut tubing @ 6100' not free  
 9/4/09 pump 25 sacks @ 6100' -  
 9/8/09 cut tubing @ 5359' - pump 25 sacks  
 9/9/09 no tag - spot 25 sacks @ 5327' - no tag  
 9/10/09 set cibp @ 5250'  
 9/11/09 spot 25 sacks @ 5250' - spot 25 sacks @ 4297' - tag @ 4067'  
 9/14/09 spot 25 sacks @ 3264' - cut casing @ 2055'  
 9/15/09 poh with casing - spot 60 sacks @ 2105' - tag @ 2051'  
 9/16/09 respot 60 sacks @ 2051' - tag @ 1926' - perf @ 451' - spot 35 sacks  
 9/17/09 tag @ 399' - perf @ 60' circulate 20 sacks to surface  
 Install dryhole marker - clean up location

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 *Michael W Swinson* TITLE PRESIDENT DATE 8/29/2019  
*Michael W Swinson*

Type or print name MICHAEL W SWINSON E-mail address N/A PHONE: 432 756 2902  
**For State Use Only**

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