

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

Form C-103  
Revised July 18, 2013

OIL CONSERVATION DIVISION

**HOBBS OGD**  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

SEP 04 2019

WELL API NO. <b>30-025-34232</b>
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No. <b>20713</b>
7. Lease Name or Unit Agreement Name <b>FLYING M SA UNIT</b>
8. Well Number <b>#008</b>
9. OGRID Number <b>21355</b>
10. Pool name or Wildcat <b>FLYING M; SAN ANDRES</b>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <b>4330' GR</b>

SUNDRY NOTICES AND REPORTS ON WELLS  
(DO NOT USE THIS FORM FOR PERMITS 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 **K** : **20300** feet from the **SOUTH** line and **2005** feet from the **WEST** line  
Section **28** Township **09S** Range **33E** NMPM **LEA** County

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"/> DOWNHOLE COMMINGLE <input type="checkbox"/> CLOSED-LOOP SYSTEM <input type="checkbox"/> OTHER: <input type="checkbox"/>	<b>SUBSEQUENT REPORT OF:</b> REMEDIAL WORK <input checked="" type="checkbox"/> COMMENCE DRILLING OPNS. <input 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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

**RETURN WELL BACK TO PRODUCTION**

8/26/19: MIRU Pulling Unit (Joes Well Service), POOH rods/pump. R&R Pump. RIH rods/pump. HWO, RWTP.

8/27/19: 24hr well test: 1 bopd, 0 mcf, 14 bwpd

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

Spud Date: **2/14/1998** Rig Release Date: **2/24/1998**

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

SIGNATURE  TITLE **REGULATORY ANALYST** DATE **08/29/2019**

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

APPROVED BY:  TITLE **Petroleum Engineer** DATE **09/17/19**  
Conditions of Approval (if any):