

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
May 27, 2004

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

WELL API NO. 30-025-05511
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease NM LC 10646
7. Lease Name or Unit Agreement Name MCMILLAN
8. Well Number 1
9. OGRID Number 021355
10. Pool name or Wildcat EUMONT/YATES SR-9N

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 x PLUGGED WELLBORE	
2. Name of Operator SOUTHWEST ROYALTIES, INC.	
3. Address of Operator 6 DESTA DRIVE, STE 2100, MIDLAND, TEXAS 79705	
4. Well Location Unit Letter <u>N</u> : <u>660</u> feet from the <u>S</u> line and <u>1980</u> feet from the <u>W</u> line Section <u>29</u> Township <u>18S</u> Range <u>37E</u> NMPM LEA County	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3730 DR	

Pit or Below-grade Tank Application ☐ or Closure ☐

Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____

Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐

OTHER: X REMEDIATE

SUBSEQUENT REPORT OF:

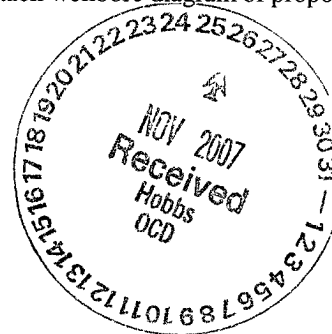
REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐

OTHER: ☐

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.

Plugged 10/30/07. Prepare to reclaim location.

- * All pits and rat holes will be remediated, filled or leveled.
- * Steel marker over plugged well bore with permanent identification.
- * Location leveled and all junk, equipment and anchors removed.
- * All environmental concerns addressed by OCD guidelines.



I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further cefy that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE [Signature] TITLE OPERATIONS ASST DATE 11/20/07

Type or print name DAWN M. HOWARD E-mail address: dhoward@claytonwilliams.com Telephone No. 432/688-3267

For State Use Only

APPROVED BY: [Signature] OC DISTRICT SUPERVISOR/GENERAL MANAGER
TITLE _____ DATE DEC 2 2007
Conditions of Approval (if any): _____