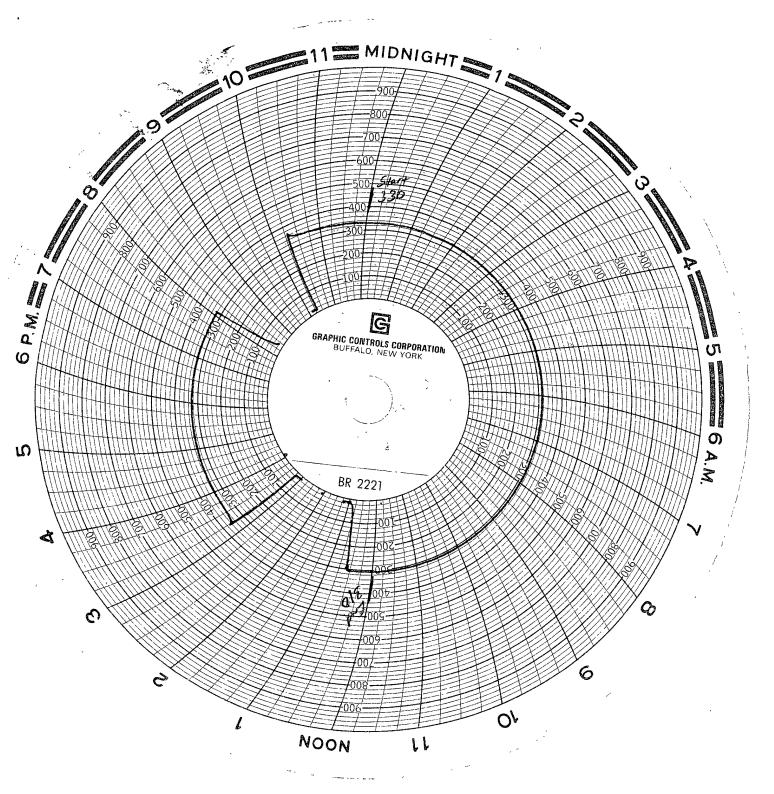
Submit 1 Copy To Appropriate District Office	State of New Mexico	Form C-103
District I Energy, Minerals and Natural Resources 1625 N French Dr., Hobbs, NM 88240		October 13, 2009 WELL API NO. /
District II 1301 W Grand Ave, Artesia, M. C. M. CONSERVATION DIVISION		30-025-09808
District III	1220 South St. Francis Dr.	5. Indicate Type of Lease STATE FEE FEE
1000 Rio Brazos Rd , Aztec, NM 87410 2 5 7010 Santa Fe, NM 87505		6. State Oil & Gas Lease No.
1220 S St Francis Dr., Santa Francis B87505	SOCD	NM LC 032581 (b)
SUNDRY NOTICES AND REPORTS ON WELLS		7. Lease Name or Unit Agreement Name
(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		SHOLES B-25
PROPOSALS)		8. Well Number 2
1. Type of Well: Oil Well Gas Well Other 5 WO 2. Name of Operator		9. OGRID Number 7
SOUTHWEST ROYALTIES, INC.		021355
3. Address of Operator		10. Pool name or Wildcat
6 DESTA DRIVE, STE 2100, MIDLAND, TEXAS 79705		JALMAT SWD
4. Well Location Unit Letter B: 660 feet from the N line and 1980 feet from the E line		
Section 25	Township 25S Range 36E	NMPM LEA County
	11. Elevation (Show whether DR, RKB, RT, GR, etc.)	
3141' GR		
10 Class Assessed Bonda Lallanda National (Nation Bonda of Other Bonda		
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING		
TEMPORARILY ABANDON		
DOWNHOLE COMMINGLE	WOETH LE COMM L	
07.15	OTUED MIT	\Sigma
OTHER: OTHER: MIT 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.		
WORKOVER PERFORMED AFTER FAILED MIT 12/10/09.		
WELL BACK ON AS ACTIVE INJECTION WELL AFTER SUCCESSFUL MIT DATED 1/18/10.		
CHART ATTACHED.		
8/14/41		
Spud Date:	Rig Release Date: 9-9-41	
L		
I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
Thereby certify that the information above is true and complete to the best of my knowledge and benef.		
SIGNATURE		
Type or print name DAWN M. HOWARD E-mail address: dhoward@claytonwilliams.com_PHONE: _432/688-3267_		
For State Use Only		
APPROVED BY: DISTRICT & SUPERVISOR DATE DATE		
Conditions of Approval (if any):		
\mathcal{U}		



GOST WOLK 30m.n

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