

Submit 1 Copy To Appropriate District
Office
District I
✓ 625 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
October 13, 2009

RECEIVED CONSERVATION DIVISION
MAY 06 2010
1220 South St. Francis Dr.
Santa Fe, NM 87505
HOBBSOCD

WELL API NO. ✓ 30-025-21164
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> ✓
6. State Oil & Gas Lease No. 58102
7. Lease Name or Unit Agreement Name FLYING M SAN ANDRES UNIT ✓
8. Well Number 10-2 ✓
9. OGRID Number 21355
10. Pool name or Wildcat ✓ FLYING M SAN ANDRES UNIT

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 ☒ *Trg*

2. Name of Operator
SOUTHWEST ROYALTIES, INC.

3. Address of Operator
6 DESTA DRIVE, STE 2100, MIDLAND, TEXAS 79705

4. Well Location
Unit Letter L : 1977 feet from the S line and 665 feet from the W line
Section 16 Township 9S Range 33E NMPM LEA County ✓

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
4384' GL

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"/>			
OTHER: <input type="checkbox"/>		OTHER: MIT <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.

Tested well 4/20/10. Chart attached.

Spud Date: 6/1/64 Rig Release Date: 6/11/64

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

SIGNATURE Dawn M. Howard TITLE Operations Asst DATE 5/5/10

Type or print name Dawn M. Howard E-mail address: dhoward@claytonwilliams.com PHONE: 432/688-3267

For State Use Only

APPROVED BY: [Signature] TITLE OC DISTRICT SUPERVISOR/GENERAL MANAGER DATE MAY 07 2010
Conditions of Approval (if any)

