

Submit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 87240
District II
1301 W. Grand Ave., Artesia, NM 88207
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

RECEIVED

OCT 21 2010

HOBBSUCD

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

WELL API NO. 30-025-01255
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. 101091-001
7. Lease Name or Unit Agreement Name: MICHEL
8. Well Number 1
9. OGRID Number 021355
10. Pool name or Wildcat 85640 Sambera, Morrow

Pit or Below-grade Tank Application ☐ or Closure ☒ P1-02143
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 _____

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 ☒

2. Name of Operator
SOUTHWEST ROYALTIES

3. Address of Operator
6 Desta Drive, Ste 2100, Midland, TX 79705

4. Well Location
Unit Letter C : 660 feet from the NORTH line and 1979 feet from the W line
Section 13 Township 16 S Range 33 E NMPM County IEA

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
4170'

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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
MULTIPLE COMPLETION <input type="checkbox"/>	PLUG AND ABANDONMENT <input checked="" type="checkbox"/>
OTHER: <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <input type="checkbox"/>

13. Describe proposed or completed operations. (Clearly state all pertinent details, and date of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

9-14-10 Circulate well w/M.L.F. from 11,107'-surf. Spot 25 sx.@12,960'. W.O.C. & tag @12,825'.
9-15-10 Set C.I.B.P.@11,107'. 9-16-10 Spot 25 sx. on C.I.B.P. @11,107'. Spot 25 sx. @7,880'. 9-20-10 Cut csg.@6,900'. Did not come free. Spot 20 sx.@6,951'. W.O.C. & tag @6,831'. 9-23-10 Cut csg.@5,900'. Did not come free. Spot 25 sx.@5,950'. W.O.C. & tag @5,847'. 9-24-10 Cut csg.@4,600'. P.O.O.H. w/csg. Spot 50 sx.@4,650'. W.O.C. & tag @4,530'. Spot 50 sx.@3,500'. 9-27-10 Spot 50 sx.@2,855'. Spot 70 sx.@1,580'. W.O.C. & tag @1,457'. Spot 50 sx.@400'. W.O.C. & tag @280'. 9-28-10 Spot 20 sx. to surface from 62'.
R.D. M.O.

P & A DATE: 9-28-10

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

SIGNATURE [Signature] TITLE P & A SUPERV. DATE 10-14-10

Type or print name GARY EGGLESTON E-mail address: ehoward@claytonwilliams.com Telephone No. (432) 563-3355
Southwest Royalties, Inc. 432/688 326-7

For State Use Only
APPROVED BY [Signature] TITLE DISTRICT 1 SUPERVISOR DATE OCT 22 2010
Conditions of Approval, if any: