

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO. 30 025 21005
Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
State Oil & Gas Lease No.
Lease Name or Unit Agreement Name Flying M SA Unit
Well No. 52
Pool name or Wildcat FLYING M SAN ANDRES

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.)	
Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <u>Inject</u>	
Name of Operator SOUTHWEST ROYALTIES, INC.	
Address of Operator PO BOX 11390; MIDLAND, TX 79702	
Well Location Unit Letter <u>D</u> : <u>659</u> Feet From The <u>NORTH</u> Line and <u>663</u> Feet From The <u>WEST</u> Line 16 Section T9S Township R33E Range NMPM LEA County	
Elevation (Show whether DF, RKB, RT, GR, etc.) 4292.2 GL	

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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 ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ANBANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: REQUEST T&A STATUS ☒

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.

REQUEST T & A STATUS.

9-7-2000 RAN MIT - PASSED - CHART ATTACHED AND SIGNED BY OCD REP.

This Approval of Temporary
Abandonment Expires 11/2/2005

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

SIGNATURE Beverly Hatfield TITLE REGULATORY COMPLIANCE DATE 10-11-00

TYPE OR PRINT NAME BEVERLY HATFIELD TELEPHONE NO. 915 686-9927

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

APPROVED BY
OCD REP. II