## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103

DISTRICT I

CONDITIONS OF APPROVAL, IF ANY:

## OIL CONSERVATION DIVISION

Revised	1-1-89

P.O. Box 1980, Hobbs, NM 88240 2040 Pacheco St.	WELL API NO.	
DISTRICT II Santa Fe, NM 87505	30 025 22034 sIndicate Type of Lease	
P.O. Drawer DD, Artesia, NM 88210	STATE STATE	
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	sState Oil & Gas Lease No.	
CUMPRY NOTICES AND DEPORTS ON WELLS	NM 058102	
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO	7Lease Name or Unit Agreement Name	
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"  (FORM C-101) FOR SUCH PROPOSALS.)	FLYING M (SA) UNIT	
1Type of Well: OIL GAS		
WELL WELL OTHER CONVERT TO WIW	«Well No.	
Name of Operator SOUTHWEST ROYALTIES, INC. ATTN: BEVERLY HATFIELD	271	
<sup>3</sup> Address of Operator P. O. BOX 11390; MIDLAND, TX 79702	Pool name or Wildcat     FLYING M (SA)	
4Well Location Unit Letter J : 2120 Feet From The SOUTH Line and 21	20 Feet From The EAST Line	
Office Leader FOOT FOR THE	Feet From the Line	
28 Section 9S Township 33 E Range  **DElevation (Show whether DF, RKB, RT, GR, etc.)	NMPM LEA County	
4328.5 GL		
11 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 CHANGE PLANS COMMENCE DRILLI	COMMENCE DRILLING OPNS. PLUG AND ANBANDONMENT	
PULL OR ALTER CASING CASING TEST AND CEMENT JOB		
OTHER: CONVERT TO WATER INJECTION OTHER:		
12Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed		
work) SEE RULE 1103.		
1. POH W/RODS & PMP; ND WH; RELEASE TAC & POH W/TBG.		
2. RIH W/BIT & CLEAN OUT WELL TO PBTD; CIRC CLEAN & POH W/BIT.		
3. RIH W/5-1/2" X 2-3/8" LOK-SET PKR AND 2-3/8" IPC TUBING. SET PKR @ ± 4390' (PERFS: 4498-4530').		
4. LOAD ANNULUS W/PACKER FLUID & TEST CSG TO 500# WITH CHART RECORDER.		
5. ACIDIZE SAN ANDRES W/3000 GALS 20% NEFE ACID.		
6. LAY INJECTION LINE & PUT WELL ON INJECTION.		
	PMX-194	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	2 22 22	
SIGNATURE DELLE TITLE COMPLIANCE SPECIALIST DATE 3-30-98		
TYPE OR PRINT NAME BEVERLY HATFIELD	TELEPHONE NO. 915 686-9927	
(This space for State Use)	ROBE	
ORIGINAL SIGNED BY CHRIS WILLIAMS  DISTURDED IN SUPERVISOR	001. 11 19 <b>98</b>	

TITLE \_\_\_\_

\_\_\_\_\_ DATE \_\_\_