

Submit 3 Copies  
to Appropriate  
District Office

Santa Fe		
File		
BLM		
Land Office		
B of M		
Operator		

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  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

WELL API NO.	30-005-21011
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	K-5606

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 ☐ X OTHER SWD

2. Name of Operator  
SOUTHWEST ROYALTIES, INC.

3. Address of Operator  
P.O. BOX 11390, MIDLAND, TX 79702

4. Well Location  
Unit Letter G : 2305 Feet From The NORTH Line and 2290 Feet From The EAST Line  
Section 32 Township 9S Range 30E NMPM CHAVES County

7. Lease Name or Unit Agreement Name  
STATE DQ SWD

8. Well No. 3

9. Pool name or Wildcat  
~~MANY GATES~~ WOLFCAMP

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

11. 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 ABANDONMENT ☐  
CASING TEST AND CEMENT JOB ☒  
OTHER: ☐

12. 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.

8-30-94 RAN PACKER, POH TUBING WITH 234 JT 2 7/8 IPC TUBING.  
NOTIFIED DIST. OFFICE.

8-31-94 RIH WITH BAKER LOC SET PACKER ON 2 7/8 TUBING. TESTED TUBING IN HOLE, FOUND  
LEAK AT 162 JT AND 142 JT. REPLACED BAD JOINTS IN TUBING, SET PACKER 7208'  
NU WH, LOADED ANNULUS AND TESTED PACKER AND TUBING AT 500 PSI. HELD FOR 30 MIN,  
TESTED GOOD. REPLACED VALVE ON SURFACE CASING.  
SENT TESTED TO DIST OFFICE.

ATTACHED COPY OF TEST

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

SIGNATURE Kate Ellison TITLE REGULATORY ASST. DATE 9-19-94  
TYPE OR PRINT NAME KATE ELLISON (915) 686-9927 ext. 238 TELEPHONE NO.

(This space for State Use)

SEP 27 1994

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_