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

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

WELL API NO. 30 041 20543

5. Indicate Type of Lease STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

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.)

7. Lease Name or Unit Agreement Name: Lambirth B

1. Type of Well: OIL WELL ☒ GAS WELL ☐ OTHER

2. Name of Operator: Southwest Royalties Inc.

8. Well No. 1

3. Address of Operator: C/o Box 953 Midland, tex. 79702

9. Pool name or Wildcat: Peterson Penn Assoc. South

4. Well Location

Unit Letter P : 560 Feet From The East Line and 675 Feet From The North Line

Section 2 Township 6 - S Range 33 - E NMPM Roosevelt County

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:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	☐	PLUG AND ABANDON	☐	REMEDIAL WORK	☐	ALTERING CASING	☐
TEMPORARILY ABANDON	☐	CHANGE PLANS	☐	COMMENCE DRILLING OPNS.	☐	PLUG AND ABANDONMENT	☒
PULL OR ALTER CASING	☐			CASING TEST AND CEMENT JOB	☐		
OTHER:	☐			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.

C.I.B.P. @ 7549' w/ 25 SK. Class 'H' top of Cmt. 7329' Slurry 15.6# 29.5 Cu. Ft.
Disp. hole w/ 10# Brine + 25# Saltgel per bbl.
Cut 5½" Csg. @ 3610'
Spot 70 SKS. Class H Cmt. @ 3666 - W.O.C. 3 hrs. tag Cmt. top @ 3429'
Slurry 15.6 - 82.6 Cu. Ft.
Spot 40 SKS. Class H Cmt. @ 1950' - Slurry 15.6 - 47.2 Cu. Ft.
10 SK. Class H Cmt. @ Surface w/ Dry hole Marker
PA Completed 5-13-93

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

SIGNATURE Raymond Smith TITLE Plugging Supervisor DATE 6-7-93

TYPE OR PRINT NAME Raymond Smith TELEPHONE NO. 394-2518

(This space for State Use)

APPROVED BY Jack Bridges TITLE OIL & GAS INSPECTOR DATE JUN - 9 1993

CONDITIONS OF APPROVAL, IF ANY: