

Submit 3 Copies To Appropriate District  
Office  
District I  
1625 N. French Dr., Hobbs, NM 88240  
District II  
1301 W. Grand Ave., Artesia, NM 88210  
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

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

Form C-103  
Revised March 25, 1999

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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.)		WELL API NO. 30-025-05511
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator SOUTHWEST ROYALTIES, INC.		6. State Oil & Gas Lease No. 10646
3. Address of Operator P.O. BOX 11390, MIDLAND, TEXAS 79707		7. Lease Name or Unit Agreement Name: McMillan
4. Well Location Unit Letter <u>N</u> : <u>660</u> feet from the <u>SOUTH</u> line and <u>1980</u> feet from the <u>WEST</u> line Section <u>29</u> Township <u>18S</u> Range <u>37E</u> NMPM LEA County		8. Well No. 1
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3730' DR		9. Pool name or Wildcat EUMONT/YATES SR-9n

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 ☐ MULTIPLE COMPLETION ☐  
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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.

- 1) TRIP OUT OF HOLE WITH PRODUCTION EQUIPMENT.
- 2) TRIP IN HOLE WITH CIBP AND SET AT APPROX. 3600'. CAP WITH 35' OF CEMENT.
- 3) LOAD CASING WITH TREATED WATER AND TEST TO 500 PSIG.
- 4) TEMPORARILY ABANDON WELL PENDING EVALUATION OF SHALLOW ZONES.

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

SIGNATURE [Signature] TITLE AREA SUPERVISOR DATE 8/29/02

Type or print name C.M. BLOODWORTH  
(This space for State use)

Telephone No. 915/686-9927

APPROVED BY [Signature] DATE SEP 06 2002  
Conditions of approval, if any: