

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.	30-025-31847 ✓
5. Indicate Type of Lease	STATE ☒ FEE ☐
6. State Oil & Gas Lease No.	A-1320
7. Lease Name or Unit Agreement Name	Howard 32 State
8. Well No.	1
9. Pool name or Wildcat	Eumont/Yates SR-Queen

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 ☐ OTHER ☐	2. Name of Operator Southwest Royalties, Inc.
3. Address of Operator c/o Box 953, Midland, Texas 79702	4. Well Location Unit Letter <u>A</u> : <u>990</u> Feet From The <u>North</u> Line and <u>330</u> Feet From The <u>East</u> Line Section <u>32</u> Township <u>18-S</u> Range <u>37-E</u> NMPM Lea County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) <u>3716' GL</u>

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐	REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐	ALTERING CASING ☐
PULL OR ALTER CASING ☐	COMMENCE DRILLING OPNS. ☐
OTHER: ☐	PLUG AND ABANDONMENT ☐
	CASING TEST AND CEMENT JOB ☐
	OTHER: ☒ Add perforations & stimulate

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.

3-09-93: Perf Queen formation 2 spf @ 3631' - 3650', 3666' - 3670', 3677' - 3682', 3686' - 3688' and 3705' - 3707' (69 - .5" holes).
Acidized with 3000 gal 15% NEFE Acid.

3-10-93: Frac with 32,000 gal fluid and 106,000 # 12/20 sand.

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

SIGNATURE Ann E. Ritchie TITLE Regulatory Agent DATE 3-26-93
TYPE OR PRINT NAME Ann E. Ritchie (915) TELEPHONE NO. 684-6381

(This space for State Use) ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE MAR 29 1993

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

MAR 29 1993

ODD MORRIS OFFICE