

Submit 3 Copies  
to Appropriate  
District Office

Santa Fe File		
ELM		
Land Office		
U 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. 30-025-32823
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
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.)

1. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER	7. Lease Name or Unit Agreement Name  CONOCO "29" STATE (15709)
2. Name of Operator SOUTHWEST ROYALTIES, INC.	8. Well No. 2
3. Address of Operator P.O. BOX 11390, MIDLAND, TEXAS 79702	9. Pool name or Wildcat (23000) EUNICE MONUMENT (GB-SA)
4. Well Location Unit Letter <u>O</u> : <u>660</u> Feet From The <u>SOUTH</u> Line and <u>1980</u> Feet From The <u>EAST</u> Line Section <u>29</u> Township <u>18S</u> Range <u>37E</u> NMPM LEA County	
10. Elevation (Show whether DI, 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: PERF & ACID ☒

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.

5-03-95 PERF SAN ANDRES ZONES @ 4318' - 4324', 4334' - 4337' & 4340' - 4345' (17 HOLES)  
RIH W/TREATING PKR AND SPOT 250 GALS 15% ANTI-SLUDGE ACID ACROSS PERFS.  
FLUSHED W/2% KCL.

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 5-12-95  
TYPE OR PRINT NAME KATE ELLISON (915) 686-9927 ext 307

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