Submit 3 Copies To Appropriate District Office
District I
1625 N. French Dr., Hobbs; NM 88240
District II
1301 W. Grand Avenue, Artesia, NM 87210
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

WELL API NO. 30-025-25282
5. Indicate Type of Lease STATE ☒ FEE ☐
6. State Oil & Gas Lease No. K 6119

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: State K6119 Com

1. Type of Well: Oil Well ☒ Gas Well ☐ Other

2. Name of Operator Southwest Royalties, Inc.

8. Well No. 1

3. Address of Operator P.O. Box 11390 Midland, Tx 79702

9. Pool name or Wildcat Vacuum Abo, North

4. Well Location

Unit Letter L : 660 feet from the West line and 1,980 feet from the South line

Section 6 Township 17S Range 35E NMPM Lea County

10. Elevation (Show whether DR, RKB, RT, GR, etc.) 4,024.1 GR

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

MIRU WS. POOH w/ prod equipment. PU bit & scraper. TIH to PBTD. TOH w/ bit & scraper. RU WL. Perf & re-perf Abo fr/ 8752-8864' (OA). RDWL. TIH w/ tbg & pkr. Acidize Abo perfs w/ 10,000 gals 15% HCl w/ rock salt as diverter. RD Service Co. TIH w/ production equipment. Return well to prod.

RECEIVED
Hobbs OCD

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 01/30/03

Type or print name C.M. Bloodworth, P.E. Telephone No. 915-686-9927

(This space for State use)

APPPROVED BY ORIGINAL SIGNED BY GARY W. WINK OC FIELD REPRESENTATIVE II/STAFF MANAGER DATE FEB 01 2003

Conditions of approval, if any: