

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 1940, Hobbs, NM 88240

DISTRICT II  
P.O. Drawer DO, 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.<br>30-025-26735                                                                        |
| 5. Indicate Type of Lease<br>STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> |
| 6. State Oil & Gas Lease No.                                                                        |
| 7. Lease Name or Unit Agreement Name<br>Mescalero Ridge                                             |
| 8. Well No.<br>1                                                                                    |
| 9. Pool name or Wildcat<br>Scharb (Bone Spring)                                                     |
| 10. Elevation (Show whether DF, RKB, RT, GR, etc.)                                                  |

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:<br>OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> | 2. Name of Operator<br>Southwest Royalties, Inc.                                                                                                         |
| 3. Address of Operator<br>P.O. Box 11390, Midland, TX 79702                                                                       | 4. Well Location<br>Unit Letter K : 1980 Feet From The South Line and 1980 Feet From The West Line<br>Section 17 Township 19S Range 35E NMMPM Lea County |
| 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: ☐

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.

4/04/02 Circulate hole w/ 10# mud.  
4/05/02 Cut off 5-1/2" csg. @ 6000', POOH LD csg.  
4/05/02 Spot 45 sx cmt. @ 6075', WOC & tag @ 5858'.  
4/06/02 Spot 50 sx cmt. @ 5220', WOC & tag TOC @ 5086'.  
4/08/02 Spot 50 sx cmt. @ 3150'.  
4/08/02 Spot 50 sx cmt. @ 2100'.  
4/08/02 Spot 50 sx cmt. @ 695', WOC and tag @ 537'.  
4/09/02 Spot 35 sx cmt. from 103' to surface.  
4/11/02 Cut off wellhead and install dry hole marker.



Approved as to plugging of the Well Bore.  
Liability under bond is retained until  
surface restoration is completed.

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

SIGNATURE Roger Massey TITLE Agent DATE 04/10/02  
TYPE OR PRINT NAME Roger Massey TELEPHONE NO. (915) 530-0907

(This space for State Use)

GARY W. WINK

APPROVED BY GARY W. WINK OC FIELD REPRESENTATIVE II/STAFF MANAGER

CONDITIONS OF APPROVAL, IF ANY:

JAN 28 2003