

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

2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO. 30 025 9855
Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>
State Oil & Gas Lease No. 1c 030180-A
Lease Name or Unit Agreement Name FARNSWORTH "A" FEDERAL
Well No. 2
Pool name or Wildcat SCARBOROUGH YATES SEVEN RVRS

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.)	
Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER disposal	
Name of Operator SOUTHWEST ROYALTIES, INC.	
Address of Operator PO BOX 11390; MIDLAND, TX 79702	
Well Location Unit Letter <u>P</u> : <u>330</u> Feet From The <u>SOUTH</u> Line and <u>990</u> Feet From The <u>EAST</u> Line <u>13</u> Section <u>26S</u> Township <u>36E</u> Range <u>NMPM</u> <u>LEA</u> County	
Elevation (Show whether DF, RKB, RT, GR, etc.) GR 2948'	

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 ANBANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: REPAIR INJECTION PACKER ☒

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.

4-12-99 RU WS. PU ON TBG. FOUND PKR RELEASED. ATTEMPTED TO RESET PKR. UNABLE TO RESET PKR. TOH W/4-1/2" INJECTION TBG AND PKR.

4-13-99 TIH W/NEW PKR. SET PKR @ 2852'. LOADED & TESTED CSG/TBG ANNULUS TO 340 PSIG. HELD OK. PRESSURE CHART HAND DELIVERED TO NMOCD HOBBS OFFICE. RETURNED WELL TO SERVICE.

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

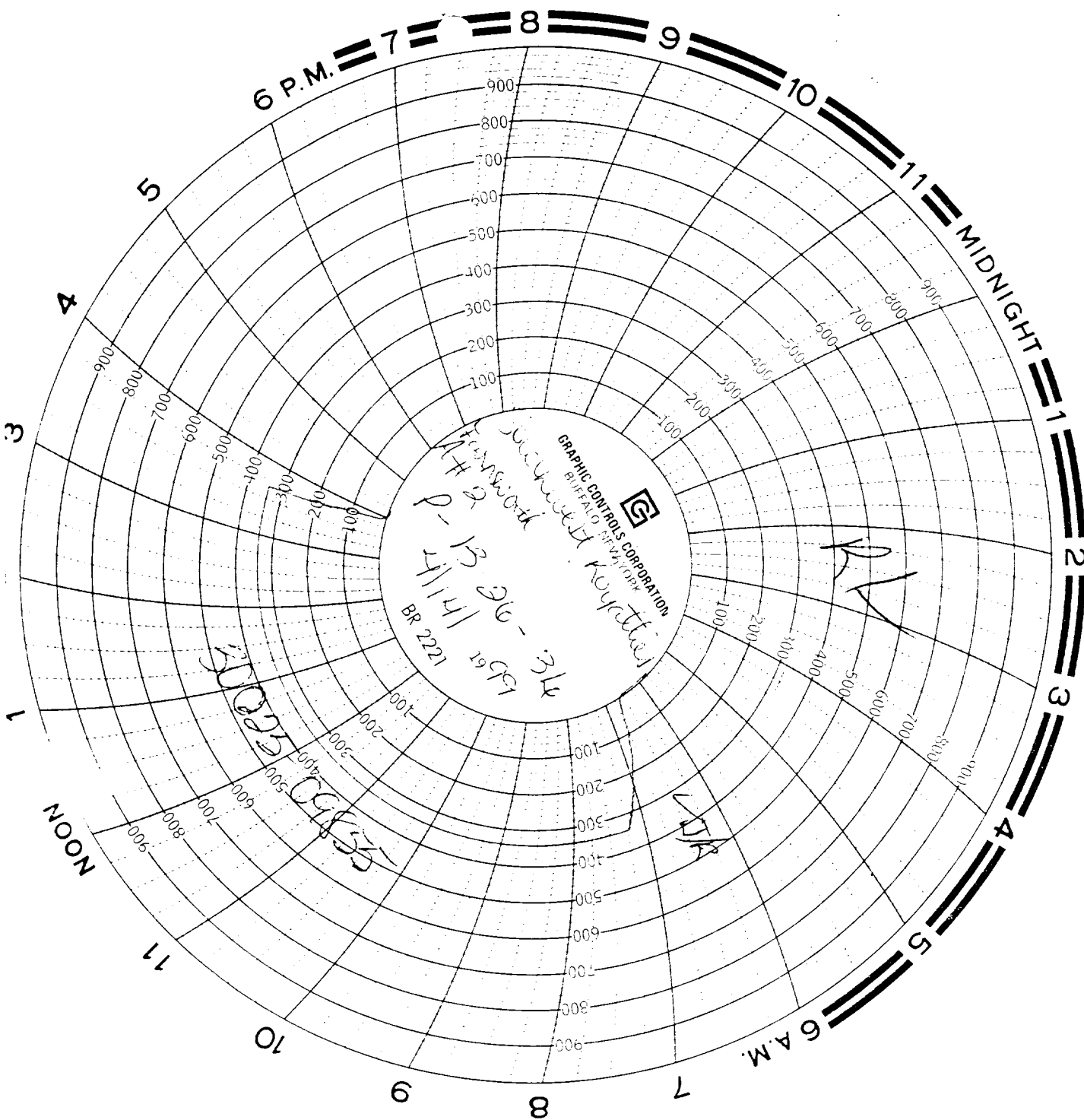
SIGNATURE [Signature] TITLE AREA SUPERVISOR DATE 04-29-99
TYPE OR PRINT NAME C. M. BLOODWORTH, P.E. TELEPHONE NO. 915 686-9927

(This space for State Use)
ORIGINAL SIGNED BY
GARY WINK
FIELD REP. II

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

JUL 07 1999



000000

4-14-99
Southwest
Farmsworth #42
H5 test
Quality oil service
Truck #56
Richard Chubb
P-13-26-36

JUL 07 1999