

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 23992
Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
State Oil & Gas Lease No. Salado Draw Delaware
Lease Name or Unit Agreement Name AMMONS MADERA
Well No. 1
Pool name or Wildcat SALADO DRAW (DELAWARE)

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 Pressure Maintenance	
Name of Operator SOUTHWEST ROYALTIE, INC.	
Address of Operator P. O. BOX 11390; MIDLAND, TX 79702	
Well Location Unit Letter <u>L</u> : <u>1980</u> Feet From The <u>SOUTH</u> Line and <u>990</u> Feet From The <u>WEST</u> Line <u>15</u> Section <u>26S</u> Township <u>33E</u> Range <u>NMPM</u> <u>LEA</u> County	
Elevation (Show whether DF, RKB, RT, GR, etc.) 3310' DF	

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: REPERF'D RAMSEY, PKR @ 4908', ACIDIZED ☐

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.

8-29-00 REPERF'ED RAMSEY SD 5,002-5040' W/2 SPF.
8-30-00 TIH & SET LOK-SET PKR @ 4,908'. ACIDIZED PERFS W/2000 GALS 20% HCL ACID.
8-31-00 RETURNED WELL TO INJECTION.

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 09-01-00

TYPE OR PRINT NAME C. M. BLOODWORTH

(This space for State Use) TELEPHONE NO. 915 686-9927

APPROVED BY [Signature] TITLE [Signature] DATE [Signature]

CONDITIONS OF APPROVAL, IF ANY:

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 23992

Indicate Type of Lease

STATE ☐

FEE ☒

State Oil & Gas Lease No.

SALADO DRAW DELAWARE

Lease Name or Unit Agreement Name

AMMONS MADERA

Well No.

1

Pool name or Wildcat

SALADO DRAW (DELAWARE)

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 ☐

GAS
WELL ☐

OTHER PRESSURE MAINTENANCE

Name of Operator

SOUTHWEST ROYALTIE, INC.

Address of Operator

P. O. BOX 11390; MIDLAND, TX 79702

Well Location

Unit Letter L : 1980 Feet From The SOUTH Line and 990 Feet From The WEST Line

15 Section 26S Township 33E Range NMPM LEA County

Elevation (Show whether DF, RKB, RT, GR, etc.)

3310' DF

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: CONVERT TO PRESSURE MAINTENANCE ☒

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.

12-24-97 POH W/52 7-7/8" RODS + 146 3/4 RODS & PMP.

12-29-97 RIH W/4-1/2" LOC-SET & 158 JTS 2-3/8" IPC TO 4966'; SET PKR; TST BS TO 500#
RUN STEP RATE TEST; 1 BPM @ 0#; 1.5 BPM @ 0#; 2 BPM @ 50#; 3 BPM @ 200#;
UNSET PKR; TST BS TO 500#.

01-23-98 ORDER R10945 APPROVED.

01-24-98 BEGAN INJECTION.

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

SIGNATURE

TITLE

REGULATORY COORDINATOR

DATE 01-27-98

TYPE OR PRINT NAME BEVERLY HATFIELD

TELEPHONE NO. 915 686-9927

(This space for State Use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

12-29-97 2

NOON

AMMONS MADATA #1
S. H. Olyemore

