

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
310 Old Santa Fe Trail, Room 206
Santa Fe, New Mexico 87503

WELL API NO.	30-025-32749
5. Indicate Type of Lease	STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name	Ammons-Madera
8. Well No.	#3
9. 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.)	
1. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER	
2. Name of Operator Southwest Royalties Inc.	
3. Address of Operator P.O. Box 11390 Midland, Texas 79702	
4. Well Location Unit Letter K : 1980' Feet From The South Line and 1980' Feet From The West Line Section 15 Township 26S Range 33E NMPM Lea County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3324' GL	

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: Request extension for permit to drill ☐

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.

1. Please extend permit to drill (unable to drill with-in 6 months due to work load).
2. Now desire to commence work on location within 7 days and commence drilling by 08/07/95.

Expires Nov 30, 1995

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

SIGNATURE Joe T. Janica TITLE Agent DATE 07/26/95
TYPE OR PRINT NAME Joe T. Janica TELEPHONE NO. 505-392-2112

(This space for State Use)

ORIGINAL SIGNED BY DISTRICT DIRECTOR

APPROVED BY _____ TITLE _____ DATE JUL 27 1995

CONDITIONS OF APPROVAL, IF ANY: