

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

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.)		WELL API NO. 30-025-09815
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator SOUTHWEST ROYALTIES, INC.		6. State Oil & Gas Lease No.
3. Address of Operator P.O. BOX 11390, MIDLAND, TEXAS 79702		7. Lease Name or Unit Agreement Name: HUMPHREYS
4. Well Location Unit Letter <u>N</u> : <u>330</u> feet from the <u>SOUTH</u> line and <u>2310</u> feet from the <u>WEST</u> line Section <u>25</u> Township <u>25S</u> Range <u>36E</u> NMPM LEA County		8. Well No. 1
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3014' GR		9. Pool name or Wildcat JALMAT

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 ☐ MULTIPLE COMPLETION ☐

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

1) MI & RU WS. TOH w/rods and tbq.

2) PU CIBP. Set CIBP @ approx 3105' and cap with 35' cmt.

3) Fill csg w/treated water and test to 500# (record on chart).

4) TA well.

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 9/24/02

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

(This space for State Original SIGNED BY

GARY W. WINK

APPROVED BY OC FIELD REPRESENTATIVE II/STAFF MANAGER TITLE DATE SEP 27 2002

Conditions of approval, if any:

NMOCD

1625 N. French Drive
Hobbs, NM 88240