...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

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Property Code 18091
Pool Code 33820
OGRID Number 021355

WELL API NO. 30 025 09815

5. Indicate Type of Lease STATE ☐ FEE

6. State Oil & Gas Lease No.

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.)

7. Lease Name or Unit Agreement Name: Humphreys

1. Type of Well: OIL WELL ☐ GAS WELL ☐ OTHER

2. Name of Operator: SOUTHWEST ROYALTIES, INC.

8. Well No. 1

3. Address of Operator: P. O. BOX 11390; MIDLAND, TX 79702

9. Pool name or Wildcat: Jalmat Tansill Yates Seven R

4. Well Location
Unit Letter N : 330 Feet From The South Line and 2310 Feet From The West Line
Section 25 Township 25S Range 36E NMPM Lea County

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

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☒	ALTERING CASING
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT
PULL OR ALTER CASING ☐		CASING TEST AND CEMENT JOB ☐	
OTHER: ☐		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.

05-11-96 Repaired FWKO; turned sub pmp on; pmp @ rate of 6000 BPD for 1-1/2 hrs; influx pmpg off and going dwn on under-load;

05-12-96 Repaired surface control panel and restart circuit; re-started sub pmp and pmpd on hr before pmpg off;

05-13/28-96 Sub SI; WO acid job to attempt to improve total fluid influx;

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

SIGNATURE B. Hatfield TITLE Regulatory Coordinator DATE 5-29-96

TYPE OR PRINT NAME TELEPHONE NO.

(This space for State Use)

APPROVED BY TITLE DATE

CONDITIONS OF APPROVAL, IF ANY: