

Submit 3 Copies To Appropriate District
Office
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

Form C-103
Revised March 25, 1999

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO. 30-025-27568
5. Indicate Type of Lease STATE ☐ FEE ☒
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name: Eagle
8. Well No. 1
9. Pool name or Wildcat Jalmat

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 ☐ Gas Well ☒ Other	
2. Name of Operator Southwest Royalties, Inc.	
3. Address of Operator P.O. Box 11340 Midland Tx 79702	
4. Well Location Unit Letter J : 2310 feet from the South line and 1650 feet from the East line Section 36 Township 25S Range 36E NMPM Lea County	
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 2981 GR	

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: TA ☒

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.

Notified NMOC D Hobbs (Buddy Hill)
11/8/02 RU WS. POOH w/ fly & pkr. & D fly & pkr.
RU WL (WSI). T1H & set CIBP @ 2742'.
Capped CRBP w/ 35 feet of cement. RD WH.
11/18/02 Load CSG w/ treated water. Press to 580 psig.
Held for 30 minutes OK. Well TA'ed.
Chart attached.

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

SIGNATURE **[Signature]** TITLE **Area Supr.** DATE **11/23/02**

Type or print name **C.M. B. [Signature] P.E.** Telephone No. _____

(This space for State use) **QC FIELD REPRESENTATIVE II/STAFF MANAGER**
APPROVED BY _____ TITLE _____ DATE _____

Conditions of approval, if any:

Approval of Temporary
Abandonment Expires **12/12/07**