

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

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. 30-025-27568
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other		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: EAGLE
4. Well Location Unit Letter <u>J</u> : <u>2310</u> feet from the <u>SOUTH</u> line and <u>1650</u> feet from the <u>EAST</u> line Section <u>36</u> Township <u>25S</u> Range <u>36E</u> NMPM <u>LEA</u> County		8. Well No. 1
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 2981' 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) RU WS. TOH w/tbg and pkr.
- 2) TIH & set CIBP @ approx. 2720'. Cap w/35' of cmt.
- 3) Load csg w/treated water.
- 4) Tst csg to 500 psig (record chart).
- 5) 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 9/23/02

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

(This space for State Official SIGNED BY

GARY W. WINK

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

Conditions of approval, if any:

NMOCD
1625 N. French Drive
Hobbs, NM 88240