

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLE COPY  
(Other Instruct. on reverse side)

Form approved.  
Budget Bureau No. 1004-0135  
Expires August 31, 1985

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—" for such proposals.)

5. LEASE DESIGNATION AND SERIAL NO.  
LC 059152B

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
Johns "B" DE

9. WELL NO.  
10

10. FIELD AND POOL, OR WILDCAT  
Maljamar GB-SA

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec. 24, T-17-S, R-32-E

12. COUNTY OR PARISH  
Lea

13. STATE  
N.M.

1. OIL WELL  GAS WELL  OTHER  Injection

2. NAME OF OPERATOR  
Southwest Royalties, Inc.

3. ADDRESS OF OPERATOR  
c/o Box 953, Midland, Texas 79702 (915) 684-6381

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)  
At surface  
1980 FSL & 1980 FEL Unit J

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

16. NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	SUBSEQUENT REPORT OF:
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) Equip and prepare for injection <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

12-10-91: Ran casing integrity test - passed, chart sent to BLM, Carlsbad.  
Well no longer TA status, approximate injection pressure to be 700 psi.

RECEIVED  
DEC 19 1991

18. I hereby certify that the foregoing is true and correct

SIGNED [Signature] TITLE Agent DATE 12-19-91

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: \_\_\_\_\_

\*See Instructions on Reverse Side