

W F MB Reg HCEM<sup>c</sup> OCH-Hobbs

Form 3160-5  
(June 1990)

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires: March 31, 1993

**SUNDRY NOTICES AND REPORTS ON WELLS**

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.  
Use "APPLICATION FOR PERMIT-" for such proposals

5. Lease Designation and Serial No.  
LC 030168A

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

*SUBMIT IN TRIPLICATE*

1. Type of Well

Oil Well  Gas Well  Other Injection

2. Name of Operator

SOUTHWEST ROYALTIES, INC.

3. Address and Telephone No.

PO BOX 11390; MIDLAND, TX 79702

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

Sec. 19, T26S, R37E, 660 FNL & 660 FWL, UNIT D

8. Well Name and No.

EAVES A 6

9. API Well No.

30 025 12005

10. Field and Pool, or Exploratory Area

SCARBOROUGH

11. County or Parish, State

LEA CO., NM

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other TA
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Dispose Water

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

13. 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.)\*

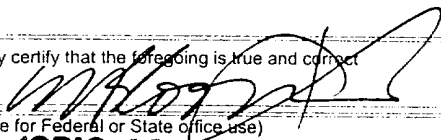
REQUEST TA STATUS.

ADDITIONAL DEVELOPMENT IS PENDING AWAITING NMCD PERMIT TO TEST YATES PAY.

- 1) TOH W/PROD.EQUIPMENT. TIH & SET CIBP @ ± 3,100'.
- 2) LOAD CSG W/TREATED WTR AND TEST CST TO 500 psig.

2001 FEB -8 A 8:52

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

Signed 

Title AREA SUPERVISOR

Date 01/29/01

(This space for Federal or State office use)  
**(ORIG. SGD.) JOE G. LARA**

Title **Petroleum Engineer**

Date **4/27/2001**

Approved by  
Conditions of approval, if any:

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

GWW

\*See Instruction on Reverse Side

MSJ

RECEIVED  
FEB 01 201  
RM  
ROSNELL, NM

APR 2008  
RECEIVED  
HOOBS  
OCD

1091071112131415161718192021222324252627282930

District I  
 PO Box 1980, Hobbs, NM 88241-1980  
 District II  
 811 South First, Artesia, NM 88210  
 District III  
 1000 Rio Brazos Rd., Aztec, NM 87410  
 District IV  
 2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico  
 Energy, Minerals & Natural Resources Department

Form C-104  
 Revised October 18, 1994  
 Instructions on back  
 Submit to Appropriate District Office  
 5 Copies

OIL CONSERVATION DIVISION  
 2040 South Pacheco  
 Santa Fe, NM 87505

AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

Operator name and Address SOUTHWEST ROYALTIES INC P O BOX 11390 MIDLAND TX 79702		OGRID Number 021355
		Reason for Filing Code CO-EFFECTIVE 3/1/97
API Number 30 - 0 25-12005	Pool Name SCARBOROUGH YATES SEVEN RIVERS	Pool Code 55560
Property Code 18098	Property Name EAVES A	Well Number 6

II. <sup>10</sup> Surface Location

UL or lot no.	Section	Township	Range	Lot.Idn	Feet from the	North/South Line	Feet from the	East/West line	County
D	9	26S	37E		660	NORTH	660	WEST	LEA

<sup>11</sup> Bottom Hole Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County

Lse Code F	Producing Method Code PUMP	Gas Connection Date	C-129 Permit Number	C-129 Effective Date	C-129 Expiration Date
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III. Oil and Gas Transporters

Transporter OGRID	Transporter Name and Address	POD	O/G	POD ULSTR Location and Description
015694	NAVAJO CRUDE OIL P O BOX 159 ARTESIA NM 88211-0159	2199410	0	C-30-26S-37E
020809	SID RICHARDSON GASOLINE CO 201 MAIN ST FT WORTH TX 76102	2199430	G	C-30-26S-37E

IV. Produced Water

POD 2199450	POD ULSTR Location and Description C-30 -26S-37E
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V. Well Completion Data

Spud Date	Ready Date	TD	PBTD	Perforations	DHC, DC,MC

Hole Size	Casing & Tubing Size	Depth Set	Sacks Cement

VI. Well Test Data

Date New Oil	Gas Delivery Date	Test Date	Test Length	Tbg. Pressure	Csg. Pressure

Choke Size	Oil	Water	Gas	AOF	Test Method

<sup>17</sup> I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. Signature: <i>A. M. Schelling</i> Printed name: ANNA M SCHELLING Title: REGULATORY ANALYST Date: FEBRUARY 14, 1997 Phone: 915/686-9927 Ext 307	OIL CONSERVATION DIVISION Approved by: <i>[Signature]</i> Title: <i>[Title]</i> Approval Date: <i>[Date]</i>

<sup>18</sup> If this is a change of operator fill in the OGRID number and name of the previous operator			
Previous Operator Signature	Printed Name	Title	Date

*MP*

New Mexico Oil Conservation Division  
C-104 Instructions

IF THIS IS AN AMENDED REPORT, CHECK THE BOX LABELED "AMENDED REPORT" AT THE TOP OF THIS DOCUMENT

Report all gas volumes at 15.025 PSIA at 60°.  
Report all oil volumes to the nearest whole barrel.

A request for allowable for a newly drilled or deepened well must be accompanied by a tabulation of the deviation tests conducted in accordance with Rule 111.

All sections of this form must be filled out for allowable requests on new and recompleted wells.

Fill out only sections I, II, III, IV, and the operator certifications for changes of operator, property name, well number, transporter, or other such changes.

A separate C-104 must be filed for each pool in a multiple completion.

Improperly filled out or incomplete forms may be returned to operators unapproved.

1. Operator's name and address
2. Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office.
3. Reason for filing code from the following table:  
NW New Well  
RC Recompletion  
CH Change of Operator (Include the effective date.)  
AO Add oil/condensate transporter  
CO Change oil/condensate transporter  
AG Add gas transporter  
CG Change gas transporter  
RT Request for test allowable (Include volume requested)  
If for any other reason write that reason in this box.
4. The API number of this well
5. The name of the pool for this completion
6. The pool code for this pool
7. The property code for this completion
8. The property name (well name) for this completion
9. The well number for this completion
10. The surface location of this completion NOTE: If the United States government survey designates a Lot Number for this location use that number in the 'UL or lot no.' box. Otherwise use the OCD unit letter.
11. The bottom hole location of this completion
12. Lease code from the following table:  
F Federal  
S State  
P Fee  
J Jicarilla  
N Navajo  
U Ute Mountain Ute  
I Other Indian Tribe
13. The producing method code from the following table:  
F Flowing  
P Pumping or other artificial lift
14. MO/DA/YR that this completion was first connected to a gas transporter
15. The permit number from the District approved C-129 for this completion
16. MO/DA/YR of the C-129 approval for this completion
17. MO/DA/YR of the expiration of C-129 approval for this completion
18. The gas or oil transporter's OGRID number
19. Name and address of the transporter of the product
20. The number assigned to the POD from which this product will be transported by this transporter. If this is a new well or recompletion and this POD has no number the district office will assign a number and write it here.
21. Product code from the following table:  
O Oil  
G Gas
22. The ULSTR location of this POD if it is different from the well completion location and a short description of the POD (Example: "Battery A", "Jones CPD", etc.)
23. The POD number of the storage from which water is moved from this property. If this is a new well or recompletion and this POD has no number the district office will assign a number and write it here.
24. The ULSTR location of this POD if it is different from the well completion location and a short description of the POD (Example: "Battery A Water Tank", "Jones CPD Water Tank", etc.)
25. MO/DA/YR drilling commenced
26. MO/DA/YR this completion was ready to produce
27. Total vertical depth of the well
28. Plugback vertical depth
29. Top and bottom perforation in this completion or casing shoe and TD if openhole
30. Write in 'DHC' if this completion is downhole commingled with another completion, 'DC' if this completion is one of two non-commingled completions in this well bore, or 'MC' if there are more than three non-commingled completions in this well bore.

31. Inside diameter of the well bore
  32. Outside diameter of the casing and tubing
  33. Depth of casing and tubing. If a casing liner show top and bottom.
  34. Number of sacks of cement used per casing string
- If the following test data is for an oil well it must be from a test conducted only after the total volume of load oil is recovered.
35. MO/DA/YR that new oil was first produced
  36. MO/DA/YR that gas was first produced into a pipeline
  37. MO/DA/YR that the following test was completed
  38. Length in hours of the test
  39. Flowing tubing pressure - oil wells  
Shut-in tubing pressure - gas wells
  40. Flowing casing pressure - oil wells  
Shut-in casing pressure - gas wells
  41. Diameter of the choke used in the test
  42. Barrels of oil produced during the test
  43. Barrels of water produced during the test
  44. MCF of gas produced during the test
  45. Gas well calculated absolute open flow in MCF/D
  46. The method used to test the well:  
F Flowing  
P Pumping  
S Swabbing  
If other method please write it in.
  47. The signature, printed name, and title of the person authorized to make this report, the date this report was signed, and the telephone number to call for questions about this report
  48. The previous operator's name, the signature, printed name, and title of the previous operator's representative authorized to verify that the previous operator no longer operates this completion, and the date this report was signed by that person

