

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

CISF

FORM APPROVED Budget Bureau No. 1004-0135 Expires: March 31, 1993	
5. Lease Designation and Serial No.	NM 014840
6. If Indian, Allottee or Tribe Name	N/A
7. If Unit or CA, Agreement Designation	N/A
8. Well Name and No.	Green A Federal #3
9. API Well No.	30-015-21308
10. Field and Pool, or Exploratory Area	Undesignated ABO
11. County or Parish, State	Eddy County, New Mexico

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

SUBMIT IN TRIPLICATE

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other	2. Name of Operator Southwest Royalties, Inc.
3. Address and Telephone No. c/o Box 953, Midland, Texas 79702 (915) 684-6381	4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 1980' FSL & 660' FEL Sec. 29, T-17S - R-29E

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 <u>Mechanical Integrity Test</u>
	<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

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.)*

Proposed procedure for testing downhole/equipment/casing.
Procedure and wellbore diagram attached.
Will notify 505-887-6544 - 48 hours before testing.

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

Signed [Signature] Title Regulatory Agent Date 6-3-93

(This space for Federal or State office use)

Approved by ORIG. SGD DAVID R. [Signature] Title _____ Date _____
Conditions of approval, if any: _____

SEE ATTACHED

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.