				,	15 F
Submit 3 Copies To Appropriate District Office		f New M		C	1 1 1 1 1 1 1 1 1 1
District I	Energy, Mineral	s and Nat	ural Resources	777	March 25, 1999
1625 N. French Dr., Hobbs, NM 88240 District II				WELL API NO.	210/3
1301 W. Grand Ave., Artesia, NM 88210	OIL CONSER	.VATIO	N DIVISION	30-015 2186 8 . 5. Indicate Type	
District III	1220 Sout	th St. Fra	ncis Dr.	STATE	FEE FEE
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa I	Fe, NM 8	7505	4	Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM		/AC	20212223283	J. State on &	Gus Beuse 110. e
87505	CES AND REPORTS (NI MAN	C	7 7	T:
(DO NOT USE THIS FORM FOR PROPOS DIFFERENT RESERVOIR. USE "APPLIC PROPOSALS.)	ALS TO DRILL OR TO DE	EP EP OR PI R /42 -101) F	LUG BACK TO A	Julie Com	or Unit Agreement Name:
1. Type of Well: Oil Well Gas Well	Othon	13	RECENTESIA A	8/	
2. Name of Operator	Other	/2 (RECEIVED ARTESIA	7. Well No. 1	
Southwest Royalties, Inc.		10,	,*/	7. Well No. 1	
3. Address of Operator P.O. Box	11390		S 490 # 2 T	9. Pool name or	Wildcat
	Texas 79705		2994557		
4. Well Location					
Unit Letter H :				·	
Section 17	Township		Range 25E	NMPM	Eddy County
(東京) 사람이 가득하는 사람이 되었다. 그 사람이 되었다. (1987년 - 1987년	10. Elevation (Show 3523 GR	whether L	OR, RKB, RT, GR, et	'c.)	
11 Check A	ppropriate Box to I	ndicate N	Jature of Notice	Report or Other	· Data
NOTICE OF IN		naicate i		SEQUENT RE	
PERFORM REMEDIAL WORK		ΝП	REMEDIAL WOR		ALTERING CASING
TENTONIA NEWEDINE WORK	1 200 / (10 / (0/ (100	'' 니	TREMEDIAL VVOI		ALTERINO OAOINO
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DR	ILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	MULTIPLE COMPLETION		CASING TEST A	ND	
OTHER:			OTHER: TA		
 Describe proposed or completed starting any proposed work). SE recompilation. 03/19/02 RU Pmp Truck. Pressu Held Ok. RD Pmp Truck. Test v 	E RULE 1103. For Mured csg/tbg annulas to	altiple Con 500 psig re	npletions: Attach we corded pressure characters	ellbore diagram of	including estimated date of proposed completion or
			Term undi	nporary Abandoned Status i	
	1				
I haraby cartify that the information	have of ford samul	ata ta tha l	aget of my knowledge	re and balief	
I hereby certify that the information above is troy and complete to the best of my knowledge and belief.					
SIGNATURE /////	2	_TITLE A	Area Supervisor		DATE_03/20/02
Type or print name C. M. Bloodw (This space for State use)	orth, P.E.			Telephone No	915-686-9927
APPPROVED BY	(_TITLE_	Till x	AP D	DAMAR 2 1 2002



