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CISF

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY  
O. C. D.  
ARTESIA, OFFICE

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 Form 9-331-C for such proposals.)

1. oil well  gas well  other

2. NAME OF OPERATOR  
Southwest Royalties, Inc.

3. ADDRESS OF OPERATOR  
Southwest Royalties, Inc.

P.O. Box 953, Midland, Texas 79702

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
P.O. Box 953 Midland, Texas 79702

AT SURFACE:  
AT TOP PROD. INTERVAL:  
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:	SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF <input type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE <input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES <input type="checkbox"/>	<input type="checkbox"/>
ABANDON* <input type="checkbox"/>	<input checked="" type="checkbox"/>

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.)\*

- 6-28-1991 Set CIBP @ 7175'- dump 35' cement on top
- 6-28-1991 Set CIBP @ 5290'- dump 35' cement on top
- 7-02-1991 Spot 60 sxs @ 3544-3444
- 7-02-1991 Spot 60 sxs @ 2367-tag @ 2444' <sup>2</sup> *(SRS)*
- 7-02-1991 Spot 60 sxs @ 450 - tag @ 288'
- 7-02-1991 Spot 30 sxs @ 50' to surface

Cut and pull 2317' of 5 1/2" casing  
Install dry hole marker  
Hole circulated with 10# mud

Post ID-2  
7-19-91  
P4A

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED *Chris P. [Signature]* TITLE Agent DATE 7-9-91

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE 7/11/91

CONDITIONS OF APPROVAL, IF ANY:

Approved as to design and construction.  
Liability for failure of well or surface restoration is assumed.

5. LEASE  
NM 63358

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME  
Exxon Federal

8. FARM OR LEASE NAME

9. WELL NO. <sup>1</sup>

10. FIELD OR WILDCAT NAME  
Wildcat

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec. 17, Unit J, T23S, R30E

12. COUNTY OR PARISH | 13. STATE  
Eddy | N.M.

14. API NO. <sup>Eddy</sup> | N M

15. ELEVATIONS (SHOW DF, KDB, AND WD)

(NOTE: Report results of multiple completion or zone change on Form 9-330.)