- Amended -

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Form 3160-5
(June 1990)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

AUG 3 1 1992
O. C. D.
ARTESIA, OFFICE

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.
NM 0558581

6. If Indian, Allottee or Tribe Name

SUBMIT IN TRIPLICATE

7. If Unit or CA, Agreement Designation

1. Type of Well
[X] Oil Well [ ] Gas Well [ ] Other.

8. Well Name and No.
McIntyre "G" Federal #1

2. Name of Operator
Southwest Royalties, Inc. ✓

9. API Well No.

3. Address and Telephone No.
c/o Box 953, Midland, Texas 79702, (915) 684-6381

10. Field and Pool, or Exploratory Area
Grayburg-Jackson SR-Q-G-SA

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
330' FNL and 2310' FEL of Section 21, T-17-S, R-30-E
Eddy County, New Mexico

11. County or Parish, State
Eddy County, New Mexico

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

TYPE OF SUBMISSION	TYPE OF ACTION	
[X] Notice of Intent	[ ] Abandonment	[ ] Change of Plans
[ ] Subsequent Report	[ ] Recompletion	[ ] New Construction
[ ] Final Abandonment Notice	[ ] Plugging Back	[ ] Non-Routine Fracturing
	[ ] Casing Repair	[ ] Water Shut-Off
	[ ] Altering Casing	[ ] Conversion to Injection
	[ ] Other Squeeze & Test Casing	[ ] Dispose Water

(Note: Report results of multiple completions 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.)*

Proposed work to squueze and test casing. Will notify ((505) 887-6544) of test 48 hours before work begins.

Workover procedure attached.

RECEIVED
Aug 20 10 55 AM '92
CARLSBAD, NEW MEXICO AREA

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

Signed _____ Title Regulatory Agent Date 8-19-92

(This space for Federal or State office use)

Approved by _____ Title _____ Date 8/26/92
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.

*See Instruction on Reverse Side