Form 3160-5 (June 1990)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

FORM APPROVED
Sudget Bureau No. 1004-0135
Eyniros: March 24 4000

20.12.10.01.2	MAD MINIANCEMENT	C.p.:00. Match 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.		5. Lease Designation and Serial No.
		6. If Indian, Allottee or Tribe Name
Use "APPLICATION FOR	R PERMIT-" for such proposals	
	- Con proposalo	
SUBMIT IN TRIPLICATE		7. If Unit or CA, Agreement Designation
1. Type of Well		16-411-11
X 1 Oil Gas Well Other		8. Well Name and No.
2. Name of Operator SOUTHWEST ROYALTIES, INC.		#107
3. Address and Telephone No.		9. API Well No
PO BOX 11390; MIDLAND, TX 79702		36 - 615 - 046 19 10. Field and Pool, or Exploratory Area
4. Location of Weil (Footage, Sec., T., R., M., or Survey Description)		10. Field and Pool, or Exploratory Area
Unit 1, 1980 FSL \$990 FEL Sec 23, T195, R30E		11 County or Bosish State
, , , , , , , , , , , , , , , , , , , ,		The country of Palish, State
		Eddy G NM
12. CHECK APPROPRIATE BOX(s) T	O INDICATE NATURE OF NOTICE, REPORT, O	R OTHER DATA
TYPE OF SUBMISSION	TYPE OF ACTION	
Notice of Intent	Abandonment	
_	Recompletion	Change of Plans New Construction
X Subsequent Report	Pługging Back	Non-Routine Fracturing
	Casing Repair	Water Shut-Off
Final Abandonment Notice	Altering Casing	Conversion to Injection
	Other	☐ Dispose Water
		(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)
3. Describe Proposed or Completed Operations (Clearly state	all pertinet details, and give pertinent dates, including estimated date of	of starting any proposed work. If well is
	and the vertical deputs for all markders and zones pertinent to this w	vork.)*
4/28/01 Triple N Servi	ies installed PAA Mar	-ly r.
12/8/01 Walton Cons	traction Co. restored	& reseed
location . Co	instructed beam @ acc	less to - /
/ 500 / 600		and road,
1		
PAA Comple	Led and	
. I gri compa	(Color	
·	/\$ ²	
·	$\int \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \!$	
	SE STOFIVED)
	REULARTE OCD ARTE	SIA
1	1000 m	i er
4. I hereby certify that the torsoon is in a series correct	वाद्यागर	
Signed /// Signed // Signe	Title Aran Supv.	2/19/62
This space for Federal or State office use)		Date ##/ / // July
Approved by	Title	Data
Conditior		Date
Accepted for record		
ille 18 U MAR 6 2002	d willfully to make to any department or agency of the Unite	ed States any false fictilious or fraudulant
atement only WAIL V ZUUZ	, and the office	so could any laise, inditious of fraudulent

e Instruction on Reverse Side