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Form 3160-5
(June 1990)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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.

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SUBMIT IN TRIPLICATE

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other	OCT 13 '94	FORM APPROVED Budget Bureau No. 1004-0135 Expires: March 31, 1993
2. Name of Operator SOUTHWEST ROYALTIES, INC	C. C. D. ARTESIA, OFFICE	5. Lease Designation and Serial No. NM06765
3. Address and Telephone No. P.O. BOX 11390, MIDLAND, TEXAS 79702 (915) 686-9927 ext. 238		6. If Indian, Allottee or Tribe Name
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 660' FSL & 1980' FEL SEC. 23, T-29S, R-30E 19		7. If Unit or CA, Agreement Designation 8910088950
		8. Well Name and No. N. HACKBERRY YATES #116
		9. API Well No. 30-015-04620
		10. Field and Pool, or Exploratory Area HACKBERRY Y-SR-, NORTH
		11. County or Parish, State EDDY COUNTY, NM

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

TYPE OF SUBMISSION	TYPE OF ACTION	
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input checked="" type="checkbox"/> Other REQUEST FOR TA APPROVAL	<input type="checkbox"/> Dispose Water

(Note: Report results of multiple completion 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.)*

REQUEST FOR APPROVAL FOR TEMPORARY ABANDONMENT

CIT ATTACHED

JUSTIFICATION FOR TA STATUS

APPROVED FOR 12 MONTH PERIOD

ENDING 8/16/95

14. I hereby certify that the foregoing is true and correct		
Signed <u>Kate Ellison</u>	Title <u>REGULATORY ASST.</u>	Date <u>9-2-94</u>
(This space for Federal or State office use)		
Approved by <u>(ORIG. SGD.) JOE G. LARA</u>	Title <u>PETROLEUM ENGINEER</u>	Date <u>10/11/94</u>
Conditions of approval, if any:		

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OCT 13 '94

O. C. D.
ARTESIA, OFFICE

