

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. Oil Cons. Division
811 S. 1st Street
Artesia, NM 88210-2834

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

BLM-OCO-AP-WF-Chron-
6

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

SUBMIT IN TRIPLICATE

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

SOUTHWEST ROYALTIES, INC.

3. Address and Telephone No.

PO BOX 11390; MIDLAND, TX 79702

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

660 FSL & 1980 FEL, SEC 23, T19S, R30E

5. Lease Designation and Serial No.
NM06765

6. If Indian, Allottee or Tribe Name

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 CO., NM

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

TYPE OF SUBMISSION

- ☐ Notice of Intent
☐ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☒ Other EXTEND TA STATUS
☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

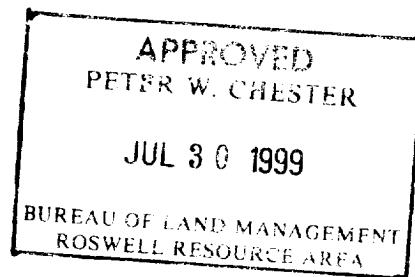
13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

REQUEST FOR EXTENSION OF TEMPORARY ABANDONMENT STATUS FOR ONE YEAR.

JUSTIFICATION FOR TA STATUS - POSSIBLE INJECTOR FOR WATERFLOOD.

CIT PERFORMED ON 7-20-99. CHART ATTACHED

APPROVED FOR 12 MONTH PERIOD
ENDING JUL 20 2000



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

Signed [Signature] Title AREA SUPERVISOR Date 07/27/99

(This space for Federal or State office use)

Approved by Record Only Title _____ Date _____
Conditions of approval, if any:

RECEIVED

JUL 29 '99

ELM
ROSWELL, NM