

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

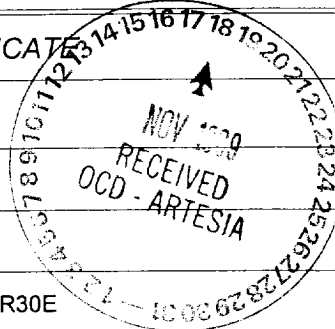
SUBMIT IN TRIPLICATE

1. Type of Well WIW
☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator
SOUTHWEST ROYALTIES, INC. ✓

3. Address and Telephone No.
P.O. BOX 11390; MIDLAND, TEXAS

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
UNIT LETTER F 2310' FNL & 1980' FWL, SEC 24, T19S, R30E



5. Lease Designation and Serial No.
NM06766

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

North Hackberry Yates Unit

8. Well Name and No.

N. HACKBERRY YATES #103

9. API Well No.

30 015 10289

10. Field and Pool, or Exploratory Area

N. HACKBERRY YATES

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

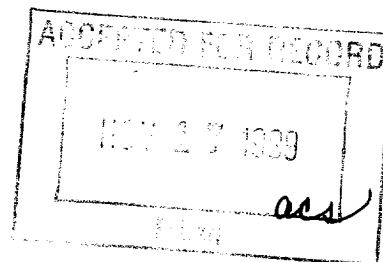
- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☒ Other SHUT IN

- ☐ 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.)*

8/3/99 TO 8/5/99 : TOH AND LAID DOWN 2-3/8" INJECTION TUBING AND PACKER. CONTACTED NMOCD TO GET PROPER DEPTH TO SET CIBP. SET CIBP @ 1820'. SECURED WELL. SHUT IN WELL WHILE TESTING TO DETERMINE IF WELL IS NECESSARY FOR CONTINUED USE.



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

Signed [Signature]
(This space for Federal or State office use)

Title AREA SUPERVISOR

Date 11/12/99

Approved by
Conditions of approval, if any:

Title

Date

BLM
ROSWELL, NM

NOV 15 99

RECEIVED