

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OIL CONS COMMISSION
ower DD
Artesia, NM 88210

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 6

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

SOUTHWEST ROYALTIES, INC.

3. Address and Telephone No.

P. O. BOX 11390; Midland, Texas 79702

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

Unit I 2428 FSL & 64 FEL, Sec. 23, T-19S, R30E, Eddy Co., NM.

5. Lease Designation and Serial No.

NM06766

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

North Hackberry Yates Unit #120

9. API Well No.

30-015-24981

10. Field and Pool, or Exploratory Area

North Hackberry Yates

11. County or Parish, State

Eddy

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 Change sales from LACT to hand by Pipeline.
☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ Dispose Water

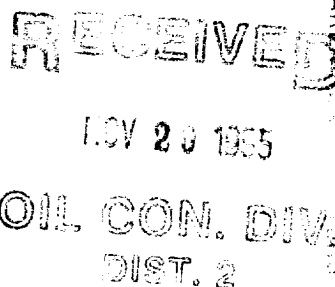
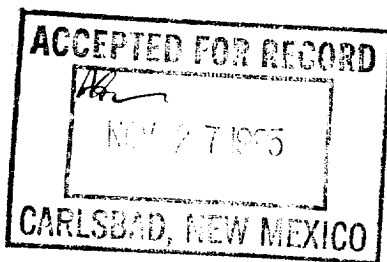
(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.)*

10-5-95

Remove oil sales from LACT to hand run by Pipeline.
(Same Purchaser).

GAUGING



OCT 10 9 20 AM '95

RECEIVED

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

Signed Nelson Patton Nelson Patton Title Area Supervisor

Date 10-5-95

(This space for Federal or State office use)

Approved by _____
Conditions of approval, if any:

Title _____ Date _____