Submit 3 Copies to Appropriate

State of New Mexico Energy, Minerals and Natural Resources Department



CONDITIONS OF APPROVAL IP ANY:

to Appropriate	Energ	y, Minerals and Natura	Koomes Department			1
District Office	OII	CONSERVAT	ION DIVISION	WELL API NO.		
P.O. Box 1980, Hobbs, NM 88240 P.O.			2088	30 015 23287		
DISTRICT II P.O. Drawer DD, Artesia, NN	4 88210	Santa Fe, New Mexi	CO 8/304-2088	5. Indicate Type	STATE	FEE X
DISTRICT III 1000 Ruo Brazos Rd., Azzec, I		•		6. State Oil & Ga	Lesse No.	1
				111111111111111111111111111111111111111		
	RM FOR PROPOSA	AND REPORTS ON V LS TO DRILL OR TO DEER USE "APPLICATION FOR OR SUCH PROPOSALS.)		;	Unit Agreement Name	
1. Type of Well:	au 🗆			l na		
OL X	WELL	OTHER		8. Well No.		-
2 Name of Operator Southwest Roy	alties. Inc	•		9. Pool same or	2 Wildcat	
3. Address of Operator					designated	
c/o Box 953,	Midland,	Texas 79702				
4. Well Location Unit Letter D	: 660 F	et From The North	1 Line and 6	60 Feet From	m The West	Line
		24-S	Range 28-E	NMPM	Eddy	County
Section 2		10. Elevation (Show whe	ther DF, RKB, RT, GR, etc.)			
		// To do Indian	te Nature of Notice, I	Report, or Othe	T Data	
11.	Check Appro	opriate Box to Indica		BSEQUENT	REPORT OF:	
NOTIC	E OF INTENT		_ l		ALTERING CASING	
PERFORM REMEDIAL WO	DRK 🗆 🗆	PLUG AND ABANDON L	REMEDIAL WORK		PLUG AND ABANDO	NMENT
TEMPORARILY ABANDON		CHANGE PLANS	COMMENCE DRILLIN		PEDG AND ADMINIS	
PULL OR ALTER CASING			CASING TEST AND	Test Straw	2008	\mathbf{x}
OTHER:			OTHER:			
12 Describe Proposed or Co	ompleted Operations (C	Clearly state all pertinent deta	ils, and give pertinent dates, inc	luding estimated date	of starting any proposed	
work) SEE RULE 1103	١.					
on top. (Wel 9-1-90 attach uneconomical. To plug back	l diagram a led). Perfo Set perma to Bone Spr	rated Strawn zonent Model D paings set 25 sx	purchased from 11,430 acker w/ DR plug plug @ 11,050. - cut off casin 6342' - 6373' as	- 11,436 - w/ 40' cem Set 25 sx	Strawn zone ent @ 11,191. plug @ 9490. tely 7010'.	
	1					
	-/ /	property to be and the property	ire and beist.			
I hereby certify that the unform	TILL		Ag	gent	DATE5-1	6-91
SIGNATURE	Muy Yu	youro	_ mv		15) TELETHONE NO.	684 <u>-6381</u>
TYPE OR PROVI NAME	Ann E.	Ritchie				
(This space for State Use)	ORIGINAL SIG	NED BY			PATE MAY	o 1991
	Wei Night and Albertaile.	13 31 00000 01 18	_ mu		DATE	~_~