Form 3160-5 (November 1983) (Formerly 9-331)	UNITED STATES EPARTMENT OF THE IN	NTFRIOR	SUBMIT IN TRIPLICAT (Other instructions pay verse side)	Budget Expires	pproved. Bures: No. 1004-0135 s August 31, 1985	
<u> </u>	BUREAU OF LAND MANAG			NM-58		
CLIVIDO			MEDIC	6. IF INDIAN,	ALLOTTEE OR TRIBE NAME	
SUINDR (Do not use this form Use	Y NOTICES AND REPO for proposals to drill or to deepen "APPLICATION FOR PERMIT—" to	or plug back to or such proposal	a different reservoir	MM '89		
I. OIL C GAS C			ARE/	7. UNIT AGRE	EMENT NAME	
well is well in other Sait Water Disposal				j	j	
2. NAME OF OPERATOR				8. FARM OR L	8. FARM OR LEASE NAME	
CRW-SWD, Inc.					Federal AZ	
	004 41	70700		9. WELL NO.		
P.O. Drawer 994, Midland, Texas 79702 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*				10 81813 48	10. FIELD AND POOL, OR WILDCAT	
See also space 17 below.) At surface				1		
2080' FSL & 660' FEL				11. BEC. T. B	Undesignated 11. BEC, T, B, M, OR BLK, AND	
2000 132 4 000 122				SURVEY	OR AREA	
				Sec. 29	, T-26-S, R-30-E	
14. PERMIT NO. 16. ELEVATIONS (Show whether DF, RT, GR, etc.)				12. COUNTY O	R PARISH 18. STATE	
				Eddy	NM	
16.	Check Appropriate Box To Indi	icale Nature	of Natice, Report or	Other Data		
	E OF INTENTION TO:	1		EQUENT REPORT OF		
TEST WATER BRUT-OFF		-	2024		·	
FRACTURE TREAT	PULL OR ALTER CASING	-	WATER SHUT-OFF		PAIRING WELL	
RIIOOT OR ACIDIZE	MULTIPLE COMPLETE ABANDON®		FRACTURE TREATMENT		TERING CASING	
REPAIR WELL	CHANGE PLANS	-	(Other)		MDONNENT.	
(Other)			(NOTE: Report resulting Completion or Recou	its of multiple con	apletion on Well	
12-14-89 Tried to hole, eq 12-15-89 Rigged d present. 12-16-89 Plug plu	rieteporenations (Clearly state ally is directionally drilled. give subsurfa NTINUED** pull blanking plug wi ualized pressure acros own Baber well service Tried to fish plug w gged, no luck fishing lanking plug, rigged dice.	thout suc s plug. , tested ithout su plug, sur	ccess, backed from annulus to 500# sccess.	ac sand and w/NMOCD rep ugging blank	tefflon out of presentative	
18. I hereby certify that the for SIGNED Kala W (This space for Federal or APPROVED BY	Schmidt TITLE	. agen	<i>A</i>		12-17-89	
CONDITIONS OF APPROX		- 		DATE _		

*See Instructions on Reverse Side