

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NM OIL CONS COMMISSION
Drawer 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 IN TRIPLICATE

RECEIVED

DEC 30 1993

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 (915) 684-6381

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

660' FNL & 660' FWL Sec. 1, T-26-S, R-29-E

5. Lease Designation and Serial No.

NM 77023

6. If Indian, Allottee or Tribe Name

N/A

7. If Unit or CA, Agreement Designation

N/A

8. Well Name and No.

China Grove Federal #1

9. API Well No.

30-015-27678

10. Field and Pool, or Exploratory Area

North Brushy Draw-Delaware

11. County or Parish, State Pool

Eddy County, N.M.

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 Production Start-Up

- ☐ 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.)*

First production to the permanent storage facility for this lease occurred on 12-7-93.

(ORIG. SGD.) DAVID R. GLASS

DEC 28 1993

NEW MEXICO

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

Signed [Signature] Title Regulatory Agent Date 12-10-93

(This space for Federal or State office use)

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