Form 3160-5 (June 1990)	UNITED S DEPARTMENT OF BUREAU OF LAND	FORM APPROVED Budget Bureau No. 1004-0135 Expires: March 31, 1993 5 Lease Designation and Serial No.	
Do not use this form		REPORTS ON WELLS to deepen or reentry to a different reservoir. MIT—' for such proposals	NM 54290 6 If Indian, Allottee or Tribe Name
I. Type of Well	7 If Unit or CA. Agreement Designation		
X Oil Gas Well	Other	<u> </u>	8. Well Name and No.
2. Name of Operator Southwest Roy.	North Brushy Draw "A" 9. API Well No. Federal 35 #7 10. Field and Pool, or Exploratory Area		
3. Address and Telephone No. P.O. Drawer 1			
4. Location of Well (Footage, S 1800' FNL & 6	Brushy Draw (Delaware) 11. County or Parish, State Eddy County, N.M.		
12. CHECK AP	PROPRIATE BOX(s) TO	INDICATE NATURE OF NOTICE, REPO	
TYPE OF SU	BMISSION		
Notice of Int	lent	Abandonment Recompletion	Change of Plans
X Subsequent f	Report	Plugging Back Casing Repair	Non-Routine Fracturing Water Shut-Off
🗌 Finai Aband	onment Notice	Altering Casing Other Set 8-5/8" Casing Int details, and give pertinent dates, including estimated date of startin	Conversion to Injection Dispose Water Note Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

11-14-93: Set 8-5/8", 24# & 32#, J-55 ST & C to total depth of 3203'. Cemented w/ 1200 sx Pacesetter Lite "C" w/ 6% gel, 6 PPS salt, 2% CaCl and 1/4 PPS cello-seal tailed w/ 200 sx Cl C w/ 1% CaCl, circulated 144 sx to pit. Bumped plug, held OK. Tested to 650 #. Waited on cement 12 hours.

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		ACCEPTED FOR FLOPE		6 u 1 11 193	11 11 11 11 11 11 11 11 11 11 11 11 11
14. I hereby certify that the foregoing is true and correct Signed	Title	Regulatory Agent	Date	11-15-9	3
(This space for Federal or State office use) Approved by Conditions of approval, if any:	Title		Date		

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

*See Instruction on Reverse Side