

Form 3160-5 (June 1990)

UNITED STATES

NM OIL CONS	COMMISSION FORM APPROVED
Drawer DD	Budget Bureau No. 1004-013
Artesia. NM	88210 Expires: March 31, 1993

4. I hereby certify that the foregoing Signed	Talakie,		Date 2-11-94
Signed	Talakie,		SO AN 19
1. Singery	iV (SO AN 19
4. I hereby certify that the foregoin	DE 15 TURE and Correct	QR 2 1 123	50 E/V
		QR 2 1 B	50 E/V
		QR21B	50 E/V
		QR 2 1 Bs	u m
		Qx 2 1 13:	· · · · · · · · · · · · · · · · · · ·
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		y Java	
			TR.
			FEB CAR ARE
	rressured to .	1000# - Held okay. Circulat	ted bu sx to pit.
	")	1000# 11-14 1 6'	n 1 (0 - 1 - 1)
		e 35-65 - 6 w/6 PPS salt & 1/4 200 sx Class "C", 1% CaCl.	4 PPS celloflakes
2-9-94:		5/8", 24# & 32# casing. Cer	
 Describe Proposed or Completed give subsurface locations at 	I Operations (Clearly state all pertir ind measured and true vertical dep	nent details, and give pertinent dates, including estimated of this for all markers and zones pertinent to this work.)*	date of starting any proposed work. If well is directionally drilled
 			(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)
		X Other Set 8-5/8" Ca	asing Dispose Water
Final Abandonn	ment Notice	Casing Repair Altering Casing	Water Shut-Off Conversion to Injection
Subsequent Rep	xort	Plugging Back	Non-Routine Fracturing
		Recompletion	New Construction
Notice of Intent	it	Abandonment	Change of Plans
TYPE OF SUBM			FACTION
2. CHECK APP	ROPRIATE BOX(s) T	O INDICATE NATURE OF NOTICE	
400 F3E & 000	iu. sec.	JJ, 1 ZJ J, K-ZJ-E	Eddy, New Mexico
400' FSL & 600' FEL Sec. 35, T-25-S, R-29-E			11. County or Parish, State
P.O. Box 11390, Midland, Texas 79702 (915) 686-9927 4. Location of Well (Footage, Sec., T., R., M., or Survey Description)			North Brushy Draw (Dela
3. Address and Telephone No.	M(d1==d m=:	- 70702 (015) 696 0027	10. Field and Pool, or Exploratory Area
Southwest Royal	ties, Inc.		9. API Well No. Federal #4
2. Name of Operator			North Brushy Draw "A"
X Oil Gas Well Other			N/A 8. Well Name and No.
1. Type of Well		Thireloate	
	SURMITIN	TRIPLICATE	7. If Unit or CA, Agreement Designation
		ERMIT—' for such proposals	N/A
		D REPORTS ON WELLS r to deepen or reentry to a different r	6. If Indian, Allottee or Tribe Name
Do not use this form t			NM - 54290
Do not use this form f		ID MANAGEMENT	5. Lease Designation and Serial No.