

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NEW MEXICO 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

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other	5. Lease Designation and Serial No. NM - 54290
2. Name of Operator Southwest Royalties, Inc.	6. If Indian, Allottee or Tribe Name N/A
3. Address and Telephone No. P.O. Box 11390, Midland, Texas 79702 (915) 686-9927	7. If Unit or CA, Agreement Designation N/A
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 660' FNL & 660' FEL Sec. 35, T-25-S, R-29-E	8. Well Name and No. North Brushy Draw "A" 35
	9. API Well No. Federal #6 N/A
	10. Field and Pool, or Exploratory Area North Brushy Draw (Delaware)
	11. County or Parish, State Eddy, New Mexico

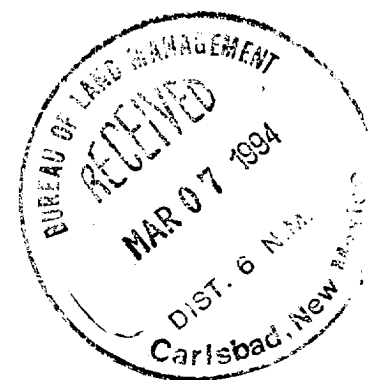
12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other Set 13-3/8" Casing
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Dispose Water

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.)*

2-26-94: Set 14 jts, 13-3/8", J-55, 54.5# casing @ 612'. Cemented with 500 sx C1 "C", w/4% gel, 2% CaCl and 1/4 PPS celloseal. Tailed w/150 sx C1 "C", 2% CaCl. Circulated 112 sx to pit.

Pressured to 600 #, Held Okay. WOC - 12 hours.



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

Signed [Signature] Title Regulatory Agent Date 3-4-94

(This space for Federal or State office use)

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