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Form 3160-5
(June 1990)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

5. Lease Designation and Serial No.
NM - 54290

6. If Indian, Allottee or Tribe Name
N/A

7. If Unit or CA, Agreement Designation
N/A

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

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
☒ 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) 686-9927

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
660' FNL & 660' FEL Sec. 35, T-25-S, R-29-E

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

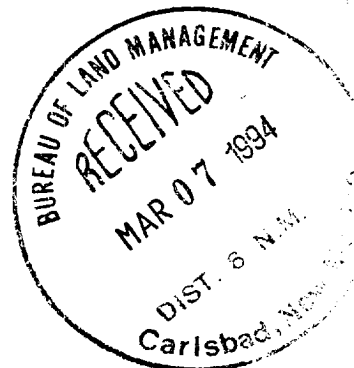
TYPE OF SUBMISSION	TYPE OF ACTION	
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input checked="" type="checkbox"/> Other Set 8-5/8" Casing	<input type="checkbox"/> 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.)*

3-2-94: Ran 25 jts, 32#, K-55, 8-5/8" casing and 51 jts, 24#, K-55, 8-5/8" casing to a depth of 3195'. Cemented w/1050 sx Pacesetter lite "C" w/6% gel, 6 PPS salt w/ 1/4 PPS celloseal. Tailed w/200 sx Cl "C" w/1% CaCl. Circulated 380 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: