Form 3160-5 (June 2019)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

FORM APPROVED
OMB No. 1004-0137
Expires: October 31, 2021

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.

SUBMIT IN TRIPLICATE - Other instructions on page 2

5. Lease Serial No. LC031621B

6. If Indian, Allottee or Tribe Name

7. If Unit of CA/Agreement, Name and/or No.

1. Type of Well							
Oil Well Gas Well Other					8. Well Name and No. BRITT B 18 #004		
2. Name of Operator SOUTHWEST ROYALTIES, INC.					9. API Well No. 30-025-06155		
			(include area code)		10. Field and Pool or Exploratory Area		
					EUMONT; YATES-7RVRS-QUEEN (GAS)		
4. Location of Well (Footage, Sec., T.,R.,M., or Survey Description)					11. Country or Parish, State		
I, 1980' FSL & 660' FEL, SEC 18, T-20S, R-37E					LEA COUNTY, NEW MEXICO		
12. CHE	CK THE APPROPRIATE BO	OX(ES) TO INDICAT	ΓΕ NATURI	E OF NOTI	CE, REPORT OR OTH	ER DATA	
TYPE OF SUBMISSION	TYPE OF SUBMISSION TYPE OF ACTION						
Notice of Intent	Acidize	Deepen	pen Proc		uction (Start/Resume)	Water Shut-Off	
	Alter Casing	Hydraulie	Fracturing	Recl	amation	Well Integrity	
	Casing Repair	New Const	truction	Reco	omplete	✓ Other	
Subsequent Report	Change Plans	Plug and A	nd Abandon Temporarily Abandon				
Final Abandonment Notice	Convert to Injection	Plug Back		Wate	er Disposal		
the Bond under which the work will completion of the involved operation completed. Final Abandonment Notis ready for final inspection.) NOTICE OF CHANGE OF OPENMOCD APRROVAL ON 10/0: PREVIOUS OPERATOR: JOH	ons. If the operation results in tices must be filed only after ERATOR 3/2018	n a multiple completic all requirements, incl	on or recomp	oletion in a	new interval, a Form 31	st be filed within 30 days following 160-4 must be filed once testing has been ne operator has detennined that the site	
14. I hereby certify that the foregoing is true and correct. Name (<i>Printed/Typed</i>) LINDSAY LIVESAY			REGULATORY ANALYST Title				
PD			<u> </u>				
Signature J. J.			Date		04/08/20	04/08/2020	
	THE SPACE	FOR FEDERA	AL OR ST	TATE OF	ICE USE		
Approved by							
			Title		,	Date	
Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.							
Title 18 U.S.C Section 1001 and Title 4 any false, fictitious or fraudulent statem	3 U.S.C Section 1212, make nents or representations as to	it a crime for any per any matter within its	rson knowin jurisdiction.	gly and wil	Ifully to make to any de	partment or agency of the United States	

