

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.

5. Lease Serial No. NM 14204

6. If Indian, Allottee or Tribe Name

SUBMIT IN TRIPLICATE - Other instructions on page 2

1. Type of Well
 Oil Well Gas Well Other

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

8. Well Name and No. GONSALES 31 FEDERAL #006Y

2. Name of Operator SOUTHWEST ROYALTIES, INC.

9. API Well No. 30-025-27299

3a. Address P.O. BOX 53570
MIDLAND, TEXAS 79710

3b. Phone No. (include area code)
(432) 207-3054

10. Field and Pool or Exploratory Area
FLYING M; SAN ANDRES

4. Location of Well (Footage, Sec., T.,R.,M., or Survey Description)
1980' FSL & 860' FEL; SECTION 31, T-9S, R-33E

11. Country or Parish, State
LEA COUNTY, NEW MEXICO

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

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input checked="" type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Hydraulic Fracturing	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation: Clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recomplete horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports must be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 must be filed once testing has been completed. Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final inspection.)

RETURN WELL BACK TO PRODUCTION

8/13/19: MIRU Pulling Unit (Joes Well Service), POOH rods/pump. R&R Pump. RIH rods/pump. HWO. Hook hot oiler to tbq, well did not load and test. released hot oiler and SDFTN.

8/14/19: POOH rods & tbq. SDFTN.

8/15/19: RIH rods & tbq. HWO. RD, cleaned location, left well on 50% timer.

8/20/19: 24hr well test: 1 bopd, 2 mcf, 17 bwpd



On NMOCD Inactive List

14. I hereby certify that the foregoing is true and correct. Name (Printed/Typed)
LINDSAY LIVESAY

Title REGULATORY ANALYST

Signature

Date

08/29/2019

THE SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

Title

Accepted for Record

Date

SEP 28 2019

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.

Office

**Jonathon Shepard
Carlsbad Field Office**

Title 18 U.S.C Section 1001 and Title 43 U.S.C Section 1212, make 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.

(Instructions on page 2)