

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 94189

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

EILLIAMS 34 FED #12

9. API Well No.

30 025 33094

10. Field and Pool, or Exploratory Area

MALJAMAR

11. County or Parish, State

LEA COUNTY, NM

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 INJ WELL SWD

2. Name of Operator

SOUTHWEST ROYALTIES, INC.

3. Address and Telephone No.

P.O. BOX 11390; MIDLAND, TEXAS

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

330 FNL & 660 FEL, SEC 34, T17S, R33E

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

TYPE OF SUBMISSION

- ☐ Notice of Intent
☒ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☒ Casing Repair
☐ Altering Casing
☐ Other
- ☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ 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.)

2-13-98 MI RU PU.

2-17-98 ND WH; NU BOP; POH W/TBG & PKR; RIH W/RBP ON 2-7/8" WS (137 JTS) TO 4217'.

2-18-98 POH W/RBP & WS, LD; RIH W/2-7/8" DUO-LINED 20 TBG + 5-1/2" LOC-SET PKR; EO PKR 4205'; ND BOP; SET PKR; NU WH;TST TO 480# FOR 15 MINS - OK, WITNESSED BY STATE REP - BUDDY HILL; RD PU. RESUME INJECTION.

Chart hand delivered to ocd.

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

Signed

Title REGULATORY COORDINATOR

Date 01/27/98

(This space for Federal or State office use)

ORIGINAL SIGNED BY CHRIS WILLIAMS
DISTRICT I SUPERVISOR

Date

Approved by
Conditions of approval, if any:

