R. M. CH. CONS TIMESION

Form 3160-5 (June 1990)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

SUBMIT

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| HC. | DE | 9. | NE | 11 | MEXICO | • |

FORM APPROVED

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NM94189

7. If Unit or CA, Agreement Designation

#12

| SUNDRY NOTICES AND REPORTS ON WELLS | | | | |
|---|-------|--|--|--|
| Do not use this form for proposals to drill or to deepen or reentry to a different reservoir. | 6. II | | | |

Indian, Allottee or Tribe Name Use "APPLICATION FOR PERMIT—" for such proposals

| 1. Type of Well | | - 1 |
|---|---|---|
| X Oil | 8. Well Name and No. | |
| 2. Name of Operator | | EILLIAMS "34" Federa |
| SOUTHWEST ROYALTIES, INC. | | 9. API Well No. |
| 3. Address and Telephone No. | | J. API Well No. |
| P. O. BOX 11390, MIDLAND, TEXA | NC 70702 | |
| | | 10. Field and Pool, or Exploratory Area |
| 4. Location of Well (Footage, Sec., T., R., M., or Survey | Description) | MALJAMAR . |
| | - | 11. County or Parish, State |
| 330! FNL & 660' FEL SEC 34, TI | l7S-R33E, LEA CO., NM | LEA COUNTY, NM |
| | | , |
| 12. CHECK APPROPRIATE BOX | (s) TO INDICATE NATURE OF NOTICE, REPOR | RT, OR OTHER DATA |
| TYPE OF SUBMISSION | TYPE OF ACTION | |
| Notice of Intent | Abandonment | Change of Plans |
| | Recompletion | New Construction |
| | | |
| X Subsequent Report | | |
| Subsequent Report | Plugging Back | Non-Routine Fracturing |
| | Plugging Back Casing Repair | Non-Routine Fracturing Water Shut-Off |
| Subsequent Report Final Abandonment Notice | Plugging Back Casing Repair Altering Casing | Non-Routine Fracturing |
| | Plugging Back Casing Repair | Non-Routine Fracturing Water Shut-Off |

RU Wedge WL; Perf'd the following interval w/2 JSPF using 4" guns: 11-17-95 4630' - 4641' (total 22 holes); RD WL.

11-18-95 Acidized perfs 4630' - 4641' w/2500 gals 15% NEFE Antisludge acid + 40 1.3 S.G ball Sealers. Acidize @ 4-6 BPM w/a max. treating press. of 4500#.

> HOBBS INSPECTION OFFICE ACCEPTED FOR RECORD DATE 11-2195 SIGNATURE UR B

| 14. I hereby certify that the foregoing is true and correct Signed Signed | Title | Regulatory Coordinator | Date_ | 11-18-95 | <u>=</u> |
|---|-------|------------------------|----------|----------|--------------|
| (This space for Federal or State office use) Approved by Conditions of approval, if any: | Title | | . Date _ | | - |

Tide 18 U.S.C. Section 1001, makes it a crime for any person kno d willfully to make to any department or agency of the United States any false, fictitious or fraudulent states is as to any matter with