

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N. M. OIL CONS. COMMISSION
P. O. BOX 1080
HOBBS, NEW MEXICO 88240

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

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 6

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

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

330' FNL & 660' FEL SEC 34, T17S-R33E, LEA CO., NM

5. Lease Designation and Serial No.
NM94189

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

EILLIAMS "34" Federal #12

9. API Well No.

10. Field and Pool, or Exploratory Area

MALJAMAR

11. County or Parish, State

LEA COUNTY, NM

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 Add perfs & Acidize
☐ 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.)*

Propose to :

RU WL & perf w/4" casing guns 2 JSPF as follows: 4630-4641' (total 22 holes). Acidize perfs 4630-4641' w/2500 gals 15% NEFE Antisludge acid.

HOBBS INSPECTION OFFICE
ACCEPTED FOR RECORD
DATE 11-21-95
SIGNATURE URB

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

Signed

Title

Regulatory Coordinator

Date

11-16-95

(This space for Federal or State office use)

Approved by

Title

Date

Conditions of approval, if any: