

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

N.M. Oil Cons. Division  
1625 N. French Dr.  
Hobbs, NM 88240

FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires: March 31, 1993  
Lease Designation and Serial No.  
LC-030132(b)

**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

2. Name of Operator

SOUTHWEST ROYALTIES, INC.

3. Address and Telephone No.

P.O. BOX 11390; MIDLAND, TEXAS 79702 915 686-9927

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

1650' FNL & 2310' FWL, Unit C, SEC 20, T22S, R36E

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

CITIES FEDERAL #4

9. API Well No.

30 025 26089

10. Field and Pool, or Exploratory Area

JALMAT

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

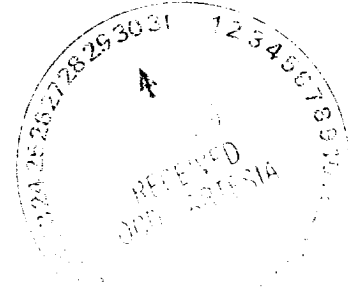
- ☐ Abandonment  
☐ Recompletion  
☐ Plugging Back  
☐ Casing Repair  
☐ Altering Casing  
☒ Other stimulate existing zone

- ☐ 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.)

1. MIRU WS. TOH w/prod. equipment.
2. PU bit & scraper. C/O to PBTD @ 3860'.
3. PU pkr & acidize Yates/7 Rivers perms from 3,294' - 3,730' w/5,900 gals 15% HCl acid.
4. TOH w/pkr. TIH w/prod. equipment.
5. Return well to production.



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

Signed

Title AREA SUPERVISOR

Date 10/23/00

(This space for Federal or State office use)

(ORIG. SGD.) ALEXIS C. SWOBODA

Title PETROLEUM ENGINEER

Date OCT 27 1999

Approved by  
Conditions of approval, if any:

