

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

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.
2. Name of Operator
SOUTHWEST ROYALTIES, INC.
3. Address and Telephone No.
P.O. BOX 11390 MIDLAND, TEXAS 79702 1-800-433-7945
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
SEC. 13 T26S R36E 330 FSL & 990 FEL

5. Lease Designation and Serial No.
LC0301480

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.
FARNSWORTH A FEDERAL #2

9. API Well No.
30 025 09855

10. Field and Pool, or Exploratory Area
SCARBOROUGH YATES 7 RIVERS

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 _____
☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☒ Conversion to Injection
☐ Dispose Water

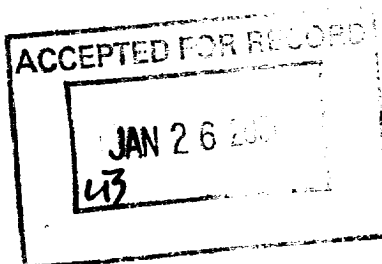
(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.)*

6/9 to 7/7/97

1. RU WS.TIH W/BIT. DO CMT PLUG @ 2,984'.
2. DRLD UP OPEN HOLE BRIDGE PLUG AT 3,130'.
3. DRLD OUT TO NEW TD @ 3,471'.
4. TIH W/4-1/2" TBG & TENSION PKR. SET PKR @ 2,852'.
5. LOADED CSG/TBG ANNULUS W/TREATED WATER AND PRESSURE TESTED TO 350 PSIG. HELD OK.
6. TREATED INJECTION INTERVAL W/15,000 GALS 15% HCL ACID.

7/31/97 STARTED INJECTION. TP VACUUM.



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

Signed

Title AREA SUPERVISOR

Date 01/15/01

(This space for Federal or State office use)

Approved by

Title

Date

Conditions of approval, if any: