



STATE OF NEW MEXICO
ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT

OIL CONSERVATION DIVISION
HOBBS DISTRICT OFFICE

May 28, 1996

POST OFFICE BOX 1980
HOBBS, NEW MEXICO 88241-1980
(505) 393-6161

Southwest Royalties, Inc.
P. O. Box 11390
Midland, Texas 79702

Re: Farnsworth A #1-A, #2-P, Sec. 13, T26S, R36E

Gentlemen:

Our records show that the above referenced wells were approved for injection by Division Order R-10314, in February, 1995.

The sundry notice (Form 1004-0135) submitted to the BLM, shows the date of first injection into Well No. 1, as August 22, 1994.

We do not have a chart confirming a pressure test prior to activating the well as required in the order approving the wells for injection in a pressure maintenance project.

To bring the well into compliance with Oil Conservation Division regulations, we request that you conduct a pressure test on Well No. 1 no later than June 15, 1996.

We also request an update on the current status on both of these wells. A copy of the notice prepared for and submitted to the BLM is sufficient to bring our records up to date in this matter.

We request 24 hours notice prior to the test in order to witness the operation.

Very truly yours

OIL CONSERVATION DIVISION

Jerry Sexton
Supervisor, District I

JS:bp

cc: William J. LeMay
BLM
File

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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 *to*

1. Type of Well
☐ Oil Well ☐ Gas Well ☒ Other **Converted to Injection**

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)
UNIT A, 990 FNL & 330 FEL, Sec. 13, T-26S, R-36#

5. Lease Designation and Serial No.

LC030180A

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

FARNSWORTH A

9. API Well No.

SEE ATTACHED

10. Field and Pool, or Exploratory Area

SCARBOROUGH YTS 7 RVRs

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

- | | |
|--|---|
| <input type="checkbox"/> Abandonment | <input type="checkbox"/> Change of Plans |
| <input type="checkbox"/> Recompletion | <input type="checkbox"/> New Construction |
| <input type="checkbox"/> Plugging Back | <input type="checkbox"/> Non-Routine Fracturing |
| <input type="checkbox"/> Casing Repair | <input type="checkbox"/> Water Shut-Off |
| <input type="checkbox"/> Altering Casing | <input checked="" type="checkbox"/> Conversion to Injection |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> 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.)*

8-15-94 DO cement plug in 8-5/8" from 2525-2638'. CO OH 2714'-3005'.
8-16-94 Continue to CO OH to 3127' w/7-5/8" bit. POH.
8-17-94 DO w/6-1/4" bit. New OH to 3195'. PUH into casing.
8-18-94 Resume drilling out OH. Deepen 3195-3253' in 10 hours. SDON.
8-19-94 Resume drilling out OH. Deepen 3253-3417' in 8 hours. POH w/ bit. SDON.
8-20-94 TIH w/Model AD-1 7"x3-1/2", 3-1/2" to 5-1/2" X-0, 71 jts, 5-1/2" 15.5# plastic coated tubing to 2670'. Pumped 90 bbls of 2% KCL w/5 bbls of packer fluid to packer. Set packer w/18K tension. ND BOP & NU injection WH. Pressure 8-5/8" backside to 400# & held for 40 minutes with no loss. Tbg @ 0 psi.
8-22-94 Started Injection at 8:30 AM @ 6,000 BWPD rate & 20 psig pressure.

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

Signed *Matthew Doffer*
(This space for Federal or State office use)

Title **Area Engineer/Supervisor**

Date **1-23-96**

Approved by _____
Conditions of approval, if any:

Title _____

Date _____

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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 to

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, TX 79702

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

Sec. 13 T26S R37E 330 FSL & 990 FEL

Unit P

FORM APPROVED

Budget Bureau No. 1004-0135

Expires: March 31, 1993

5. Lease Designation and Serial No.

LC-030180-A

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Farnsworth A #2

9. API Well No.

30 025 9855

10. Field and Pool, or Exploratory Area

11. County or Parish, State

Lea, 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 TA Status Request
☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ Dispose Water

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.)*

Well had 75 sx plug set 2864-2968' in 1989.
Well has been permitted for conversion to SWD by Order No. R-10314,
Case No. 11003, dated 8-4-94. Produced water load at this time does
not support conversion at this time. We request a TA status for one
year.

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

Signed Matt Doffer Matt Doffer Title Engineer

Date 4-24-96

(This space for Federal or State office use)

Approved by _____
Conditions of approval, if any:

Title _____

Date _____

Under 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

*See instruction on Reverse Side

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

3. Address and Telephone No.

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

Sec. 13 T26S R37E 330 FSL & 990 FEL unit P

5. Lease Designation and Serial No.

LC030180A

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Farnsworth A

9. API Well No.

30 025 9855

10. Field and Pool, or Exploratory Area

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

- | | |
|--|--|
| <input type="checkbox"/> Abandonment | <input type="checkbox"/> Change of Plans |
| <input type="checkbox"/> Recompletion | <input type="checkbox"/> New Construction |
| <input type="checkbox"/> Plugging Back | <input type="checkbox"/> Non-Routine Fracturing |
| <input type="checkbox"/> Casing Repair | <input type="checkbox"/> Water Shut-Off |
| <input type="checkbox"/> Altering Casing | <input type="checkbox"/> Conversion to Injection |
| <input type="checkbox"/> Other <u>Repair</u> | <input type="checkbox"/> 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:

RU Pmp truck 5-30-96. Pressured annulas to 300#, Bleed off to 200# in 15 minutes.

Prep to RU WSU 6-3-96 to inspect packer & 7" tubing string for leaks.

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

Signed Matt Doffer Title Engineer Date 5-31-96

(This space for Federal or State office use)

Approved by _____ Title _____ Date _____
Conditions of approval, if any: