Form 3160-5 (June 1990)

N.M. Oil Cons. Division of the constant of the

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

SUBMIT IN TRIPLICATE 1. Type of Well		7. If Unit or CA, Agreement Designation
Oil Gas Well Other SWD 2. Name of Operator		8. Well Name and No. MC CALISTER A #2
SOUTHWEST ROYALTIES, INC. 3. Address and Telephone No.		9. API Well No. 30 025 09862
PO BOX 11390; MIDLAND, TX 79702 4. Location of Well (Footage, Sec., T., R., M., or Survey Description)		10. Field and Pool, or Exploratory Area SCARBOROUGH YATES7R
UNIT A, SEC 24, T26S, R36E	4	11. County or Parish, State
330'FN4& 990'FEL		LEA CO., NM
	NDICATE NATURE OF NOTICE, REPORT, C	OR OTHER DATA
TYPE OF SUBMISSION	TYPE OF ACTION	
Notice of Intent	Abandonment Recompletion	Change of Plans New Construction
Subsequent Report	☐ Plugging Back ☐ Casing Repair	Non-Routine Fracturing Water Shut-Off
Final Abandonment Notice	Altering Casing	Conversion to Injection
	Other	Dispose Water (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)
 Describe Proposed or Completed Operations (Clearly state all predirectionally drilled, give subsurface locations and measured and TOH W/DISPOSAL TBG & PKR. RU WL. SET CIBP @ 3030' & CAP W/35' OF RU PLUGGING CO. TIH & CIRC WELL CLEAR 	d true vertical depths for all markders and zones pertinent to this	of starting any proposed work. If well is work.)*

(This space for Federal or State office use) Assessed by AND CONTROL PETROLEUM ENGINEER Date PARTICIPATION OF THE PETROLEUM ENGINEER DATE PARTICIPATION OF TH	17 2000
14. I hereby certify that the pregoring is true and correct Signed AREA SUPERVISOR Date 03/13/	00

nime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent

CWW

6) SET 20' SX CMT SURFACE PLUG FROM 3' - 53'.