фе 1990) DEPARTMEN	P.O. Box 1980. T OF THE INTERIOR Hobbs, NM 882	FORM APPROVED Budget Bureau No. 1004-0135 Expires: March 31, 1993 5. Lease Designation and Serial No.
	AND MANAGEMENT	LC 0301-80-B
Do not use this form for proposals to dr	AND REPORTS ON WELLS III or to deepen or reentry to a different reservo R PERMIT—" for such proposals	6. If Indian, Allottee or Tribe Name
SUBMIT		7. If Unit or CA, Agreement Designation
. Type of Well X Oil	RECEIVED	8. Well Name and No. FARNSWORTH B FEDERAL #3
SOUTHWEST ROYALTIES, INC.	MAY 21 '97	9. API Well No. 30 025
B. Address and Telephone No. P.O. BOX 11390 MIDLAND, TX 9	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	10. Field and Pool, or Exploratory Area SCARBOROUGH YATES 7 RIVER
Location of Well (Footage, Sec., T., R., M., or Survey D	escription) ROSWELL, NM	11. County or Parish, State
SEC. ⁷ T26S R37E UNIT K 1980 FS	L & 1650 FWL	LEA COUNTY, NM
CHECK APPROPRIATE BOX	s) TO INDICATE NATURE OF NOTICE, REI	
TYPE OF SUBMISSION	TYPE OF ACTI	
X Notice of Intent	Abandonment Recompletion	Change of Plans New Construction
Subsequent Report	Plugging Back	Non-Routine Fracturing
Final Abandonment Notice	Casing Repair Altering Casing	Water Shut-Off Conversion to Injection
I Pital Abalabanica Posec	X Other Request T&A	Dispose Water (Note: Report results of multiple completion on Well
Describe Proposed or Completed Operations (Clearly state a	Il pertinent details, and give pertinent dates, including estimated date of s	Completion or Recompletion Report and Log form.) tarting any proposed work. If well is directionally drilled,
give subsurface locations and measured and true verti	cal depths for all markers and zones pertinent to this work.)*	
	APPROVED FOR	L MONTH PERIOD
	Ending 5/27/98	Population of the second information interestables and an administration.
Request permission to Te	&A the well.	
Justification for T&A sta	tus – Converting several wells to pressure maintenan it to production after evaluating results.	ce in the feet and may
Set CIBP @ 2742' & performed CIT on 4-30-97. Chart is attached.		RECEIVED
		9 EIN
SEE ATTACHED FOR		AS D M
	CONDITIONS OF APPROVAL	Z: C
		03 11 10 10 10 10 10 10 10 10 10 10 10 10
14. 1 hereby certify that the foregoing is true and correct B. Hat	tfield Title Regulatory Coordinator	Date 5-12-97
		Date

*See Instruction on Reverse Side WF Chron Jim KF fld 5

ap

JC5