

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 IN TRIPLICATE

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other	7. If Unit or CA, Agreement Designation
2. Name of Operator SOUTHWEST ROYALTIES, INC.	8. Well Name and No. FARNSWORTH B FEDERAL #2
3. Address and Telephone No. P.O. BOX 11390 MIDLAND, TX 79702 915 1800-433-7945	9. API Well No. 30 025 11963
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) SEC. 7 T26S R37E 1980 FNL & 660 FWL	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	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other <u>CIT FOR T&A STATUS</u>
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<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.)*

6-3-97 SET CIBP @ 2875'. RAN CIT. CHART ATTACHED.

RECEIVED
1997 JUN 16 A 11:00
BUREAU OF LAND MANAGEMENT
ROSEMBOFF OFFICE

TA APPROVED FOR 12 MONTH PERIOD
ENDING JUN 18 1998

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

Signed <u><i>David R. Glass</i></u>	Title REGULATORY COORDINATOR	Date 06/12/97
(This space for Federal or State office use) (ORIG. SGD.) <u>DAVID R. GLASS</u>	Title <u>PETROLEUM ENGINEER</u>	Date <u>JUN 18 1997</u>

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

Title 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

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