Form 3160-5 (June 1990)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

N.M. Oll Co. P.C. Eux 191 Hobbs, NM . . .

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

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5. Lease Designation and Serial No.

LC 0301480 SUNDRY NOTICES AND REPORTS ON WELLS 6. If Indian, Allottee or Tribe Name 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 7. If Unit or CA, Agreement Designation SUBMIT IN TRIPLICATE 1. Type of Well ⊠ Oil Well 8. Well Name and No. Other **FARNSWORTH A FEDERAL #4** 2. Name of Operator SOUTHWEST ROYALTIES, INC. 9. API Well No. 3. Address and Telephone No. 30 025 12001 P.O. BOX 11390 MIDLAND, TX 79702 1 800 433 7945 10. Field and Pool, or Exploratory Area 4. Location of Well (Footage, Sec., T., R., M., or Survey Description) SCARBOROUGH YATES 7 RIVERS 11. County or Parish, State SEC. 18 T26S R37E 1980 FNL & 660 FWL LEA COUNTY, NM 12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF ACTION TYPE OF SUBMISSION Abandonment Change of Plans Notice of Intent Recompletion New Construction Subsequent Réport Plugging Back Non-Routine Fracturing Casing Repair Water Shut-Off ___ Final Abandonment Notice Altering Casing Conversion to Injection Other _REQUEST TA STATUS 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 pertinet 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 markders and zones pertinent to this work.)*

5-8-97 SET CIBP @ 2700'. RAN CIT. COPY OF CHART ATTACHED.

REQUEST PERMISSION TO TA THE WELL.

JUSTIFICATION FOR TA STATUS - CONVERTING SEVERAL WELLS TO PRESSURE MAINTENANCE IN THE FIELD AND MAY CONVERT THIS WELL OR RETURN IT TO PRODUCTION AFTER EVALUATING RESULTS. PLANS ARE TO BEGIN THIS WORK WITHIN THE YEAR.

| 14. I hereby certify that the foregoing is true and correct Signed | Title AREA SUPERVISOR | Date | 02/09/99 |
|--|-----------------------|----------|------------|
| (This space for Feyeral or State office use) Approved by (ORIG SGD.) GARY GOURLEY Conditions of approver, if any: | Title | _ Date _ | MMP 05 654 |