

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. Oil Cons. Division
1625 N. French Dr.
Hobbs, NM 88240

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
☐ Oil Well ☐ Gas Well ☒ Other **PRESSURE MAINTENANCE**

2. Name of Operator
SOUTHWEST ROYALTIES, INC.

3. Address and Telephone No.
PO BOX 11390; MIDLAND, TX 79702

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
Sec. 30 T26S, R37E, 660 FNL & 1990 FWL UNIT C.

5. Lease Designation and Serial No.
LC 030168A

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.
EAVES A 12

9. API Well No.
30 025 12079

10. Field and Pool, or Exploratory Area
SCARBOROUGH YATES7R

11. County or Parish, State
LEA CO., NM

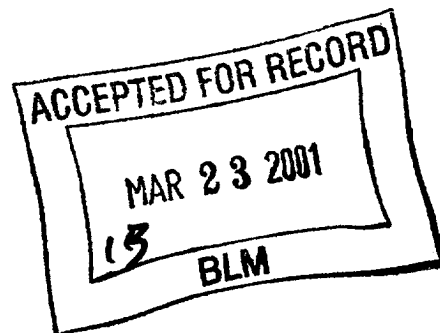
12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION	
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<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 _____	<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.)

3-7-01 RAN MIT ON ACTIVE PRESSURE MAINTENANCE WELL. CHART ATTACHED.



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

Signed [Signature] Title **AREA SUPERVISOR** Date **03/20/01**

(This space for Federal or State office use)

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

GWW