

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. Oil Cons. Division

162 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 Injection

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 & 1989 FWL.

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

- ☐ Notice of Intent
☒ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☐ Other

- ☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☒ Conversion to Injection
☐ Dispose Water

DENIED

(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 markders and zones pertinent to this work.)*

7-3-97 AT OH 3219-3340' DWN 2-3/8" TBG W/5000 GAL 15% NEFE ACID - 3000# ROCK SALT.

7-7-97 DRL 4-1/8" OH TO APPROX 3441'.

7-8-97 AT OH @ 3219-3431' W/3000 GALS 15% NEFE ACID + 1000# RS.

7-11-97 WELL PRESENTLY ACTIVE INJECTION WELL..

**SUBJECT TO
LIKE APPROVAL
BY STATE**

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

Signed

Title AREA SUPERVISOR

Date 01/26/01

(This space for Federal or State office use)

Approved by

Title

Date

Conditions of approval, if any:

RECEIVED
FEB 01 01
NEWARK, NJ