

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

OIL CONS. COMMISSION  
P.O. BOX 1980  
NEW MEXICO 88240  
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** *6*

1. Type of Well  
☐ Oil Well ☐ Gas Well ☒ Other SI Disposal Well

2. Name of Operator  
Southwest Royalties, Inc.

3. Address and Telephone No.  
P. O. Box 11390 Midland, TEXAS 79702 915 686-9927

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
660 FNL & ~~660~~ FEL Unit letter A Sec. 25 T26S, R36E  
*330*

5. Lease Designation and Serial No.  
LC 030167-A

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.  
MCCALLISTER A #5

9. API Well No.  
30 025 23181

10. Field and Pool, or Exploratory Area  
Scarborough Yts 7 Rvrs

11. County or Parish, State  
Lea County, NM

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

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

3. 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.)\*

When Southwest Royalties, Inc., acquired operation of this wellbore on 12-1-95 it was and continues to be a SI disposal well.

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

Signed Matt Doffer Title Engineer

Date 5-7-96

(This space for Federal or State office use)

Approved by \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
Conditions of approval, if any: