TLM COPY

Number AJM-037-99	

UNITED STATES DEPARTMENT OF THE INTERIOR

	Page of
	Identification
IID	
Lease	NMLC030167A
CA	
Unit	
D. 1	

Certified Mail - Return							
Receipt Requested Z 574 359 459	BUREAU OF LAND MANAGEMENT						
Hand Delivered Received NOTICE OF INCIDENTS OF NONCOMPLIANCE				CA			
				Unit PA			
					IPA		
Bureau of Land Management Office	NOREOTION OFFICE	Operator	COLITIN	VEST DOV	ALTICO INC		
4.11	NSPECTION OFFICE	SOUTHWEST ROYALTIES INC					
414 WEST TAYLOR HOBBS NM 88240		Address BOX 11390 MIDLAND TX 79702					
Telephone	505.393.3612	Attention					
Inspector	drea Massengill	Attn Addr					
Site Name	Well or Facility	Township	Range	Meridian	Section	1/4 1/4	
MCCALLISTER A	07	26S	36E	NMP	24	SENE	
	TION WAS FOUND BY BUREAU OF LAND MA	NAGEMENT INSP	ECTORS ON THE	DATE AND A	T THE SITE L		
Date	Time (24 - hour clock)		Violation		Gravity (Gravity of Violation	
01/22/1999		43CFR 3162.3-4(a)		MINOR			
Corrective Action To Be Completed By	Date Corrected	Assessment for Noncompliance		æ	Assessment Reference		
02/19/1999				43 CFR 3163.1()			
· ·		gnature [M	Hors		Date	2/23/55	
Company Comments		c.ni,	B 1000 C	NOT	7, 1.5	•	
	WA	RNING					
earlier. Each violation must be con address shown above. Please note not comply as noted above under "	tion and reporting timeframes begin upon receit rected within the prescribed time from receipt of that you already may have been assessed for no Corrective Action To Be Completed By" you mail self-certified corrections must be postmarked	of this Notice and encompliance (see may incur an additi	reported to the Bu amount under "As onal assessment u	reau of Land ssessment for nder (43 CFR	Management of Noncomplianc 3163.1) and m	ffice at the e"). If you do ay also incur	
Title 43 CFR 3163.2(f)(1), provide	il and Gas Royalty Management Act of 1982, as is that any person who "knowingly or willfully" other written information required by this part o exceed a maximum of 20 days.	prepares, maintai:	ns, or submits, fals	se, inaccurate.	or misleading	reports,	
	REVIEW AND	APPEAL RIC	GHTS				
A person contesting a violation shall request a State Director review of the Incidents of Noncompliance. This request must be filed within 20 working days of receipt of the Incidents of Noncompliance with the appropriate State Director (see 43 CFR 3165.3). The State Director review decision may be appealed to the Interior Board of Lands Appeals, 4015 Wilson Blvd., Arlington VA 22203 (see 43 CFR 3165.4). Contact the above listed Bureau of Land Management office for further information.							
Signature of Bureau of Land Managem	ent Authorized Officer	<u> </u>	<u> </u>	Date	T	Time	
VK Bod				1 /-3	27-59	1000	
	<u> </u>						

FOR OFFICE USE ONLY Number Date Penalty Termination Type of Inspection PR

Form 3160-5 (June 1990)

UNITED STATES DEPARTMENT OF THE INTERIOR BURGELL OF LAND MANAGEMENT

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

BUREAU OF LAND MANAGEMENT 5. Lease Designation and Serial No. LC 030167A 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 Gas 8. Well Name and No. Other Well MC CALLISTER A-7 2. Name of Operator SOUTHWEST ROYALTIES, INC. 9. API Well No. 30 025 23628 3. Address and Telephone No. P.O. BOX 11390; MIDLAND, TEXAS 10. Field and Pool, or Exploratory Area 4. Location of Well (Footage, Sec., T., R., M., or Survey Description) SCARBOROUGH YTS SR 11. County or Parish, State 330 FEL & 2310 FNL, SEC 24, T26S, R36E LEA CO., NM CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA 12. TYPE OF ACTION TYPE OF SUBMISSION Notice of Intent Abandonment Change of Plans Recompletion **New Construction** Subsequent Report Plugging Back Non-Routine Fracturing Casing Repair Water Shut-Off Altering Casing Final Abandonment Notice Conversion to Injection Other RETURN TO PRODUCTION 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.)* SET CIBP @ 3120' (SHUT OFF SEVEN RIVERS FORMATION) RE-PERF YATES 2948-3064'. RUN ROD & PUMP, INSTALL PU & PRODUCE. DENIFN ANTICIPATED START DATE: 5-01-99

14. I hereby certify that the joregoing is true and correct		
Signed Months and Signed	Title AREA SUPERVISOR	Date 02/09/99
(This space for Federal or State office use) Approved by Conditions of approval, if any:	୍ଲ ଅନ୍ତର ଓଡ଼ିଆ ଜନ୍ୟ ସ ରଧ୍ୟ ନିର୍ମ	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.