

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Creech

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

APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993
5. Lease Designation and Serial No.
LC0301480

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 <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other	6. If Indian, Allottee or Tribe Name
2. Name of Operator SOUTHWEST ROYALTIES, INC.	7. If Unit or CA, Agreement Designation
3. Address and Telephone No. P.O. BOX 11390 MIDLAND, TEXAS 79702 1-800-433-7945	8. Well Name and No. FARNSWORTH A FEDERAL #12
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) SEC. 18 T26S R37E 890 FNL & 890 FWL	9. API Well No. 30 025 26181
	10. Field and Pool, or Exploratory Area SCARBOROUGH YATES 7 RIVERS
	11. County or Parish, State LEA COUNTY, NM

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

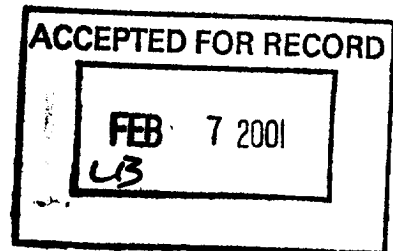
TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other RETURN TO PRODUCTION
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Dispose Water

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

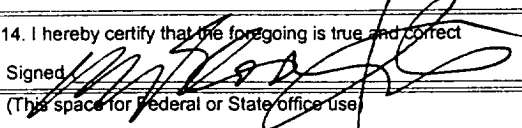
13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

9-6 TO 9-11-00

- 1) MIRU WS.
- 2) TIH W/BIT, DC'S & TBG.
- 3) TAGGED CMT CAP @ 2,685'. D/O CMT & CIBP.
- 4) GIH TO PBTD @ 2,960'. CIRC WELL CLEAN.
- 5) TOH W/DRLG TOOLS.
- 6) TIH W/PRODUCTION TBG, PMP AND RODS.
- 7) HUNG WELL ON. HOOKED UP ELECTRICITY & FLOW LINE.
- 8) RETURNED WELL TO PRODUCTION (CURRENT PERFS @ 2,743' - 2,911').



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

Signed 
(This space for Federal or State office use)

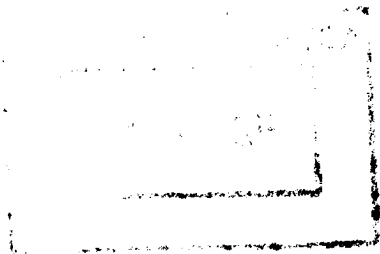
Title ENGINEER

Date 01/17/01

Approved by
Conditions of approval, if any:

ORIGINAL SIGNED BY CLIFF WILLIAMS
Title DISTRICT SUPERVISOR

Date FEB 13 2001



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