

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

N.M. Oil Cons. Division  
P.O. Box 1980  
Hobbs, NM 88241

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

2. Name of Operator  
SOUTHWEST ROYALTIES, INC.

3. Address and Telephone No.  
P.O. BOX 11390 MIDLAND, TX 79702 915 1800-433-7945

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
SEC. 19 T26S R37E 1150 FNL & 2460 FWL

5. Lease Designation and Serial No.  
LC030168A

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

EAVES A #16

9. API Well No.

30 025 30423

10. Field and Pool, or Exploratory Area

SCARBOROUGH YATES 7 RVRS

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

☐ Notice of Intent  
☒ Subsequent Report  
☐ Final Abandonment Notice

TYPE OF ACTION

☐ Abandonment  
☐ Recompletion  
☐ Plugging Back  
☐ Casing Repair  
☐ Altering Casing  
☒ Other CIT FOR T&A 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.)

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.)

6-16-97 SET CIBP @ 2850'. RAN CIT. CHART ATTACHED.

RECEIVED

TA Continued

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

Signed

(This space for Federal or State office use)

Title REGULATORY COORDINATOR

Date 06/24/97

Approved by  
Conditions of approval, if any:

Title

Date