CCU-Hobbs

Form 3160-5 (June 1990)

## UNITED STATES UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

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

BUREAU O	F LAND MANAGEMENT	Expires: March 31, 1993
SUNDRY NOTICES AND REPORTS ON WELLS		5. Lease Designation and Serial No. NMLC032581A
Do not use this form for proposals to d	If and REPORTS ON WELLS  If ill or to deepen or reentry to a different reservoir.  FOR PERMIT-" for such proposals	6. If Indian, Allottee or Tribe Name
SUBMIT IN TRIPLICATE		7. If Unit or CA, Agreement Designation
1. Type of Well		- - -
X Oil Gas Other		8. Well Name and No.
2. Name of Operator		SHOLES A #7
SOUTHWEST ROYALTIES, INC.  3. Address and Telephone No.		9. API Well No.
PO BOX 11390; MIDLAND, TX 79702		30 025 09758
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)		10. Field and Pool, or Exploratory Area
SEC 13, T25S, R36E 660' FSL & 660' FEL		JALMAT  11. Sunty or Parish, State
		LEA CO., NM
	s) TO INDICATE NATURE OF NOTICE, REPORT, O	R OTHER DATA
TYPE OF SUBMISSION	TYPE OF ACTION	
X Notice of Intent	Abandonment	Change of Plans
□ <u>.</u> .	Recompletion	New Construction
Subsequent Report	Plugging Back	Non-Routine Fracturing
Final Abandonment Notice	Casing Repair	Water Shut-Off
rinal Abandonment Notice	☐ Altering Casing  X Other TA REQUEST	Conversion to Injection
	Other TAREGUES!	Dispose Water (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)
Describe Proposed or Completed Operations (Clearly:     directionally drilled, give subsurface locations and mea	state all pertinet details, and give pertinent dates, including estimated date c sured and true vertical depths for all markders and zones pertinent to this w	
	DDITIONAL POTENTIAL IN THE TANSILL AT 2635-50'.	· ·
TENDING SOCCESS OF OTHER WORK PL	ANNED ON WELLS IN THE FIELD.	
THE NMOCD HAS NOT APPROVED THE F WELL HAS BEEN WORKED OVER AND TE	IRST PLANNED WORKOVER. THIS WORK WILL BE PROSTED.	POSED AFTER THE FIRST
	TA Approved For 12 130001 Period	
,	1 H Approved the transfer of the second of t	
	11/22/2001	
	And the second of the second o	<b>CO</b>
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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 Title	Date 4/12/2/00/
Conditions of approval, if any:		1/10/1001

FEB 01 '01