

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240DISTRICT II
P.O. Drawer DD, Artesia, NM 88210DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088Property Code 18091
Pool Code 33820
OGRID Number 021355WELL API NO.
30 025 09815

5. Indicate Type of Lease

STATE ☐FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

Humphreys

8. Well No.

1

9. Pool name or Wildcat

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SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"
(FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well:

OIL
WELL ☐GAS
WELL ☐

OTHER

2. Name of Operator

SOUTHWEST ROYALTIES, INC.

3. Address of Operator

P. O. BOX 11390; MIDLAND, TX 79702

4. Well Location

Unit Letter N : 330 Feet From The South Line and 2310 Feet From The West LineSection 25Township 25SRange 36E

NMPM

Lea

County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

11.

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐PLUG AND ABANDON ☐TEMPORARILY ABANDON ☐CHANGE PLANS ☐PULL OR ALTER CASING ☐OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒ALTERING CASING ☐COMMENCE DRILLING OPNS. ☐PLUG AND ABANDONMENT ☐CASING TEST AND CEMENT JOB ☐OTHER: ☐

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

05-31-96

Current Activity: SDFWE WO repairs; started pmp; blew surface fuses immediately; re-fused and re-started w/same result; RU WSU; pulled sub pmp; found pot head cracked and grounded; SD WO parts for repairs till Monday;

06-04-96

Current Activity: prep to put dwn FL; 7:00 a.m. to 7:00 p.m.; 12 hrs; motors on sub pmp showing direct ground wait on exchg; make up pmp and motor assembly; TIH w/tbg; remove BOP; install WH; HU all lines and electrical; wait till a.m. to start pmp; SDON;

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE

B. Hatfield

TITLE

Regulatory Coordinator

DATE 6-4-96

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: