

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

LC-029020-E

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

PARKE-E ~~ED #3~~ #3 FED

9. WELL NO.

3

10. FIELD AND POOL, OR WILDCAT

Fren Seven Rivers

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 22, T17 R30

12. COUNTY OR PARISH 13. STATE

Eddy

New Mexico

OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

PHILLIPS PETROLEUM COMPANY

3. ADDRESS OF OPERATOR

4001 Penbrook, Odessa, Texas 79762

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

1650' from North Line and 990' from East Line
Section 22, T-17S, R-30E,
Eddy County, New Mexico NMPM

14. PERMIT NO.

30-015-20640

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

(Other) Change of Operator

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON* ☐

CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other) ☐

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT* ☐

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

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting and
proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones perti-
nent to this work.)*

Operation of the subject lease has been transferred to:

Southwest Royalties, Inc.
407 N. Big Spring, Suite 300
Midland, TX 79701

Effective date: January 1, 1990

SEP 7 11 20 AM '90

RECEIVED

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

SIGNED

M. B. Smith

TITLE

Attorney-in-Fact

DATE

8-30-90

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side