

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OFFICE FOR RANCH
OF COPIES REQUIRED
(Other Instructions
verse side)

NEW MEXICO DISTRICT
Modified Form No.
NMXO-3160-4

45F

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—" for such proposals.)

1. ☒ OIL WELL ☒ GAS WELL ☐ OTHER		3. Acct Code & Phone No. (915) 686-9722		5. LEASE DESIGNATION AND SERIAL NO. NMLC 069041	
2. NAME OF OPERATOR Southwest Royalties, Inc.				6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P. O. Box 11390, Midland, Texas 79702				7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface Unit G, 1650' FNL, 2310' FEL				8. FARM OR LEASE NAME Welch A	
14. PERMIT NO.		15. ELEVATIONS (Show whether DT, RT, CR, etc.)		9. WELL NO. 2	
				10. FIELD AND POOL, OR WILDCAT Shugart (Y.S.R.O.G.)	
				11. SEC., T., R., M., OR BLK. AND RURBY OR AREA Sec. 4, T19S, R31E	
				12. COUNTY OR PARISH Eddy	
				13. STATE NM	

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	☐	WATER SHUT-OFF	☐
FRACURE TREAT	☐	FRACURE TREATMENT	☐
SHOOT OR ACIDIZE	☐	SHOOTING OR ACIDIZING	☐
REPAIR WELL	☐	(Other) Change of Operator	☒
(Other)	☐	(NOTE: Report results of multiple completion on Well Completion or Reconpletion Report and Log form.)	

17. 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.)

Change of Operator:

From: Sirgo Operating, Inc.
P. O. Box 3531
Midland, Texas 79702

To: Southwest Royalties, Inc.
P. O. Box 11390
Midland, Texas 79702

Effective: April 1, 1990

RECEIVED

JUL 20 '90

D.
OFFICE

ACCEPTED FOR RECORD

CARLSBAD, NEW MEXICO

RECEIVED
JUN 22 10 53 AM '90
CARLSBAD
AREA

RECEIVED

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

SIGNED Lyndee L. Wickham TITLE Agent DATE 6-20-90

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side