

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OFFICE FOR FARMER
OF COPIES REQUIRED
(Other Instructions on
reverse side)

Modified Form No.
M100-3160-4

5. LEASE DESIGNATION AND SERIAL NO.

NMLC069033

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Featherstone Federal B

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Shugart (Y.S.R.O.G.)

11. SEC., T., R., M., OR BLK. AND
RURBY OR ARMA

Sec. 5, T19S, R31E

12. COUNTY OR PARISH

Eddy

13. STATE

NM

1.

OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Southwest Royalties, Inc.

3. Acct Code & Phone No.

(915) 686-9722

3. ADDRESS OF OPERATOR

P. O. Box 11390, Midland, Texas 79702

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*

See also space 17 below.)
At surface

Unit K, 2310' FSL, 2310' FWL

14. PERMIT NO.

15. ELEVATION (Show whether OF, RT, GR, etc.)

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANE

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other) Change of Operator

(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 data, 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

O. C. D.
ARTESIA, OFFICE

ACCEPTED FOR RECORD

JUL 19 1990
CARLSBAD NEW MEXICO

JUN 22 10 52 AM '90
CARTER AREA

RECEIVED

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

SIGNED

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