

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVING
OFFICE 1 UNDER
OF COPIES REQUIRED
(Other instructions on re-
verse side)

RH Roswell District
Modified Form No.
NM-3160-4

RECEIVED

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.)

APR - 7 1992

1. ☐ OIL WELL ☐ GAS WELL ☐ OTHER Salt Water Disposal		O. C. D. SPECIAL OFFICE	
2. NAME OF OPERATOR Bill & Patsy Rich		3. Area Code & Phone No. 505-393-2727	
3. ADDRESS OF OPERATOR c/o Oil Reports & Gas Services, Inc., P. O. Box 755, Hobbs, NM 88241		4. WELL NO. 1	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1980' FNL & 1980' FWL Section 13		5. FARM OR LEASE NAME Sulpahte Sister	
14. PERMIT NO.		15. ELEVATIONS (Show whether DE, RT, OR, etc.) 3236 GR	
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		12. COUNTY OR PARISH Eddy	
		13. STATE NM	

NOTE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	☐	WATER SHUT-OFF	☐
FRACTURE TREAT	☐	FRACTURE TREATMENT	☐
SHOOT OR ACIDIZE	☐	SHOOTING OR ACIDIZING	☐
REPAIR WELL	☐	(Other) Change operator	☐
(Other)	☐		☐
FULL OR ALTER CASING	☐	REPAIRING WELL	☐
MULTIPLE COMPLETE	☐	ALTERING CASING	☐
ABANDON*	☐	ABANDONMENT*	☐
CHANGE PLANE	☐		☐

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.)

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

Filed to change operator from H & W Oil Corporation, Inc. to
Bill & Patsy Rich effective 6/1/90.

Copy of Bond attached.

RECEIVED
JUL 30 10 58 AM '90
CARLSON DISTRICT
AREA OFFICE

6 1992

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

SIGNED <u>Donna Haller</u>	TITLE <u>Agent</u>	DATE <u>7/24/90</u>
(This space for Federal or State office use)		
APPROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		

*See Instructions on Reverse Side