Form 3160-5 (June 2015)

UNITED STATES DEPARTMENT OF THE INTERIOR **BUREAU OF LAND MANAGEMENT**

NMOCD NMOCD

FORM APPROVED OMB No. 1004-0137 Expires: January 31, 2018

5. Lease Serial No. NM 0557257

6. If Indian, Allottee or Tribe Name

SUNDRY NOTICES AND REPORTS ON WELLS

		to drill or to re-enter an PD) for such proposals				<u></u>
SUBMIT IN TRIPLICATE - Other instructions on page 2				7. If Unit of CA/Agreement, Name and/or No.		
1. Type of Well						
Oil Well Gas Well Other				8. Well Name and No. ELLIOTT B-15 #3		
2. Name of Operator SOUTHWEST ROYALTIES, INC.				9. API Well No. 30-025-10300		
3a. Address	3b. Phone No. (include area code) (432) 207-3054		10. Field and Pool or Exploratory Area			
P.O. BOX 53570; MIDLAND, TX 79710			PENROSE SKELLY; GRAYBURG			
4. Location of Well (Footage, Sec., T.R.M., or Survey Description)				11. Country or Parish, State		
B, SEC 15, T-22S, R-37E, 510' FN			LEA			
12. CHE	CK THE APPROPRIATE B	OX(ES) TO INDICATE NATURI	E OF NOTI	ICE, REPORT OR OTHE	ER DATA	
TYPE OF SUBMISSION	TYPE OF AC			TION		
Notice of Intent	Acidize	Deepen	Prod	uction (Start/Resume)	Water Shut-Off	
	Alter Casing	Hydraulic Fracturing	Recl	amation	Well Integrity	
Subsequent Report	Casing Repair	New Construction	Reco	omplete	✓ Other	
	Change Plans	Plug and Abandon	Tem	porarily Abandon		
Final Abandonment Notice	Convert to Injection	Plug Back	Wate	er Disposal		
13. Describe Proposed or Completed C the proposal is to deepen directiona the Bond under which the work wil completion of the involved operation completed. Final Abandonment No is ready for final inspection.)	ally or recomplete horizontal to be perfonned or provide the ons. If the operation results in	ly, give subsurface locations and re e Bond No. on file with BLM/BIA n a multiple completion or recomp	neasured an A. Required oletion in a	nd true vertical depths of subsequent reports must new interval, a Form 316	all pertinent markers and zones. It be filed within 30 days following 50-4 must be filed once testing ha	Attach g s been

CHANGE OF OPERATOR NMOCD APPROVAL ON 10/03/2018

> Sundry is incomplete-missing correct language. Please contact Jennifer Sanchez at j1sanchez@blm.gov for an example.

14. I hereby certify that the foregoing is true and correct. Name (Printed/Typed) **REGULATORY ANALYST** LINDSAY LIVESAY Title Signature THE SPACE FOR FEDERAL OR STATE OFICE /Title Conditions of approval, if any, are attached. Approval of this notice does not warrant certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon. Title 18 U.S.C Section 1001 and Title 43 U.S.C Section, 1212, makein crime for my person knowingly y to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction. (Instructions on page 2)