Form 3160-5 (June 2015)

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

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

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SUNDRY NOTICE	S AND REPORTS	ONWELLS
SOME MOTIOE	3 AND REPORTS	O14 11 LLLO

5. Lease Serial No.	NMLC 032573A
6. If Indian, Allotte	or Tribe Name

•		to drill or to re-enter an APD) for such proposals			
SUBMIT IN 1	TRIPLICATE - Other insti	ructions on page 2		7. If Unit of CA/Agreen NMNM71100	nent, Name and/or No.
1. Type of Well			_		
Oil Well Gas W	Vell Other			8. Well Name and No. E	LLIOTT A-15 #5
2. Name of Operator SOUTHWEST R	OYALTIES, INC.			9. API Well No. 30-025	-10283
3a. Address		3b. Phone No. (include area cod	e)	10. Field and Pool or Ex	ploratory Area
P.O. BOX 53570; MIDLAND, TX 79710 (432) 207-3054			TUBB OIL & GAS		
4. Location of Well (Footage, Sec., T., R	.,M., or Survey Description))		11. Country or Parish, S	tate
P, SEC 15, T-22S, R-37E, 330" FS	SL & 990' FEL			LEA	
12. CHE	CK THE APPROPRIATE E	BOX(ES) TO INDICATE NATUR	E OF NOT	ICE, REPORT OR OTHE	ER DATA
TYPE OF SUBMISSION		TY	PE OF AC	TION	,
Notice of Intent	Acidize	Deepen	Prod	luction (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	n Plug Back	Wate	er Disposal	
the proposal is to deepen directiona the Bond under which the work wil completion of the involved operation	ally or recomplete horizonta I be perfonned or provide the ons. If the operation results	lly, give subsurface locations and in the Bond No. on file with BLM/BIA in a multiple completion or recom	ncasured and Required pletion in a	nd true vertical depths of I subsequent reports must new interval, a Form 316	and approximate duration thereof. If all pertinent markers and zones. Attach be filed within 30 days following 60-4 must be filed once testing has been e operator has detennined that the site

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 LINDSAY LIVESAY)	I/Typed)	Tinte	REGULATOR	Y ANI	ALYST)	\mathcal{A}
Signature		Date		X		\angle	07/08/2019
THE SPACE FOR FEDERAL OR STATE OF SELUSE							
Rejected BECHIED		7	Title /				Date 8/14/19
Conditions of approval, if any, are attached. Approval of this notice does certify that the applicant holds legal or equitable title to those rights in which would entitle the applicant to conduct operations thereon.	no warrer je sijnject le	or	Office				
Title 18 U.S.C Section 1001 and Title 43 U.S.C Section 1212, make it a any false, fictitious or fraudulent statements or representations as to any	malles with	ny pers in its j	on knowingly as urisdiction.	idwiii	fully to	make	o any department or agency of the United States
(Instructions on page 2)	1 1 7		······································				K7.