

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

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.)

5. LEASE DESIGNATION AND SERIAL NO.

NM-074936

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

ARCO-FED

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Grayburg-Jackson

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 17, T17 R30

12. COUNTY OR PARISH

Eddy

13. STATE

New Mexico

OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

PHILLIPS PETROLEUM COMPANY

3. ADDRESS OF OPERATOR

4001 Penbrook, Odessa, Texas 79762

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

1980' from South Line and 1980' from West Line
Section 17, T-17S, R-30E,
Eddy County, New Mexico NMPM

14. PERMIT NO.

30-015-20631

15. ELEVATIONS (Show whether DP, RT, GR, etc.)

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

(Other) Change of Operator

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON* ☐

CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other) ☐

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT* ☐

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.)*

Operation of the subject lease has been transferred to:

Southwest Royalties, Inc.
407 N. Big Spring, Suite 300
Midland, TX 79701

Effective date: January 1, 1990

RECEIVED
SEP 7 11 20 AM '90

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

SIGNED

M. B. Smith

TITLE Attorney-in-Fact

DATE

8-30-90

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side