

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

5. Lease Designation and Serial No.
NML C060524

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.
PARKE G FEDERAL 1

9. API Well No.
30 015 21493

10. Field and Pool, or Exploratory Area
SQUARE LAKE G SA

11. County or Parish, State

EDDY COUNTY, NEW MEXICO

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT-" for such proposals.

SUBMIT IN TRIPLICATE

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

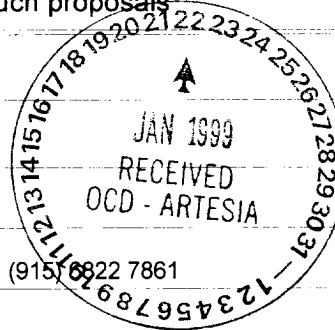
SHIFFLETT OPERATING COMPANY

3. Address and Telephone No.

214 WEST TEXAS AVENUE, SUITE 900, MIDLAND, TEXAS 79701 (915) 6822 7861

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

1980 FNL & 660 FWL, SEC 9, T17S, R30E



12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

☐ Notice of Intent

☐ Subsequent Report

☐ Final Abandonment Notice

TYPE OF ACTION

☐ Abandonment

☐ Recompletion

☐ Plugging Back

☐ Casing Repair

☐ Altering Casing

☒ Other CHANGE OF OPERATOR

☐ Change of Plans

☐ New Construction

☐ Non-Routine Fracturing

☐ Water Shut-Off

☐ Conversion to Injection

☐ Dispose Water

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

13. 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.)*

AS REQUIRED BY 43 CFR 3100.0-5(A) AND 43 CFR 3162.3, WE ARE NOTIFYING YOU OF A CHANGE OF OPERATOR ON THE ABOVE REFERENCED LEASE.

SHIFFLETT OPERATING COMPANY, AS NEW OPERATOR, ACCEPTS ALL APPLICABLE TERMS, CONDITIONS, STIPULATIONS AND RESTRICTIONS CONCERNING OPERATIONS CONDUCTED ON THE LEASE OR PORTION OF LEASE DESCRIBED.

SHIFFLETT OPERATING COMPANY MEETS FEDERAL BONDING REQUIREMENTS AS FOLLOWS:

BOND COVERAGE: SINGLE WELL

BLM BOND #: N.M. 2683

THE EFFECTIVE DATE OF THIS CHANGE IS OCTOBER 1, 1998

APPROVED

JAN 21 1999

**AUTHORIZED OFFICER, MINERALS
BUREAU OF LAND MANAGEMENT**

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

Signed

Title PRESIDENT

Date 12/14/98

(This space for Federal or State office use)

Approved by
Conditions of approval, if any:

Title

Date