

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

SUNDRY NOTICES AND REPORTS ON WELLS

O. C. D.
ARTESIA OFFICE

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 <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other	5. Lease Designation and Serial No. NM 030752
2. Name of Operator Trigg Family Trust	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. PO Box 520, Roswell, NM 88202-0520 (505) 623-3140	7. If Unit or CA, Agreement Designation
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Unit Letter N, 990' FSL and 1650' FWL T 18 S, R 29 E, Sec. 28: SE/4SW/4	8. Well Name and No. Sivley-Jennings #4
	9. API Well No. 300150347500
	10. Field and Pool, or Exploratory Area Turkey-Track--Queen
	11. County or Parish, State Eddy

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA		
TYPE OF SUBMISSION	TYPE OF ACTION	
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input checked="" type="checkbox"/> Other Clarification of operator.	<input type="checkbox"/> 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.)*

Explanation:

The Assignment of Oil and Gas Lease dated August 25, 1959 for NM 030752 was from Lawrence C. Harris and Marion V. Harris, his wife, to John H. Trigg and T.J. Sivley.

It appears that T.J. Sivley was incorrectly listed as the operator; it should have been John H. Trigg Co.

In 1990, all holdings and leases of John H. Trigg and Pauline V. Trigg were transferred into the Trigg Family Trust. These wells are reported as Trigg Family Trust as the operator. Trigg Family Trust carries the bond on these wells; Gulf Insurance is the surety on bond #584412 for the state wide bond in the amount of \$25,000.

14. I hereby certify that the foregoing is true and correct		
Signed <u>Romelda Burch</u>	Title <u>Production Clerk (505) 623-3140</u>	Date <u>Feb. 3, 1992</u>
(This space for Federal or State office use)		

Approved by _____	Title _____	Date _____
Conditions of approval, if any:		

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully 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.