

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

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)
660 FSL & 1980 FWL, SEC 28, T18S, R29E

5. Lease Designation and Serial No.
SRM 1406

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.
TRIGG JENNINGS COM #1

9. API Well No.
30 015 22784

10. Field and Pool, or Exploratory Area
N TURKEY TRACK MORROW

11. County or Parish, State
EDDY COUNTY, NEW MEXICO

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. 2684

THE EFFECTIVE DATE OF THIS CHANGE IS OCTOBER 1, 1998



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

Signed *[Signature]*
(This space for Federal or State office use)

Title **PRESIDENT**

Date **12/14/98**

Approved by *[Signature]*
Conditions of approval, if any:

Title *[Signature]* Date **12-8-99**