

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OFFICE FOR RENTERS
OF COPIES RETURNED
(Other Instructions c
verse side)

Hedfield Form No.
NMXO-3160-4
5. LEASE DESIGNATION AND SERIAL NO.

dsf

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.)

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐	31. Acre Code & Phone No. (915) 686-9722	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
2. NAME OF OPERATOR Southwest Royalties, Inc.		7. UNIT AGREEMENT NAME
3. ADDRESS OF OPERATOR P. O. Box 11390, Midland, Texas 79702		8. FARM OR LEASE NAME Shugart B
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface Unit N, 330' FSL, 1650' FWL		9. WELL NO. 3
14. PERMIT NO.	15. ELEVATIONS (Show whether OF, BT, OR, etc.)	10. FIELD AND POOL, OR WILDCAT Shugart (Y.SR.O.G.)
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 33, T18S, R31E
		12. COUNTY OR PARISH Eddy
		13. STATE NM

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF ☐	PULL OR ALTER CASING ☐	WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETE ☐	FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐	SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☐
REPAIR WELL ☐	CHANGE PLANE ☐	(Other) Change of Operator ☒	

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

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.)

Change of Operator:

From: Sirgo Operating, Inc.
P. O. Box 3531
Midland, Texas 79702

To: Southwest Royalties, Inc.
P. O. Box 11390
Midland, Texas 79702

Effective: April 1, 1990

RECEIVED

JUL 20 '90

O. C. D.
ARTESIA, OFFICE

ACCEPTED FOR RECORD

JUL 21 1990
CARLSBAD, NEW MEXICO

JUN 22 10 49 AM '90
CARLSBAD, NEW MEXICO

RECEIVED

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

SIGNED <u>Robert L. Widdison</u>	TITLE <u>Agent</u>	DATE <u>6-20-90</u>
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(This space for Federal or State office use)

APPROVED BY _____	TITLE _____	DATE _____
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CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side