

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OFFICE FOR NUMBER
OF COPIES REQUIRED
(Other instructions on
reverse side)

BLM FORM M100-5

Modified Form No.

BLM-3160-4

5. LEASE DESIGNATION AND SERIAL NO.

NMLC069041

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Welch A

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Shugart (Y.S.R.O.G.)

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

Sec. 4, T19S, R31E

12. COUNTY OR PARISH 13. STATE

Eddy

NM

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Southwest Royalties, Inc.

3a. Acct Code & Phone No.

(915)686-9722

3. ADDRESS OF OPERATOR

P. O. Box 11390, Midland, Texas 79702

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*

See also space 17 below.)
At surface

Unit B, 660' FNL, 1980' FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether DT, 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)

PULL OR ALTER CASING

MULTIPLE COMPLETION

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Change of Operator

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

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

X

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

CARLSBAD, NEW MEXICO

JUN 22 10 53 AM '90
CARLSBAD AREA
POST OFFICE

RECEIVED

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

SIGNED Antonia J. Winkler

TITLE Agent

DATE 6-20-90

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side