

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

OFFICE OF THE DIRECTOR
Modified Form No.
BLYO-3160-4

45F

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		5. LEASE DESIGNATION AND SERIAL NO. NMLC064433	
2. NAME OF OPERATOR Southwest Royalties, Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P. O. Box 11390, Midland, Texas 79702		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface Unit D, 660' FNL, 990' FWL		8. FARM OR LEASE NAME Nickson A	
14. PERMIT NO.		9. WELL NO. 1	
15. ELEVATIONS (Show whether OF, RT, GR, etc.)		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 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	☐	WATER SHUT-OFF	☐
FRACURE TREAT	☐	FRACURE TREATMENT	☐
SHOOT OR ACIDIZE	☐	SHOOTING OR ACIDIZING	☐
REPAIR WELL	☐	(Other) Change of Operator	☒
(Other)	☐	(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

W. D.
JANESIA, OFFICE

CAL
ARE

JUN 22 10 49 AM '90

RECEIVED

ACCEPTED FOR RECORD

W. D. JONES

CARLSBAD, NEW MEXICO

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

SIGNED Bartlett J. Wadsworth 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