

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

WELL DRILLING OFFICE
Modified Form No.
NMXO-3160-1

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 ☐		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR Southwest Royalties, Inc.		8. FARM OR LEASE NAME Featherstone Federal	
3. ADDRESS OF OPERATOR P. O. Box 11390, Midland, Texas 79702		9. WELL NO. 1	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface Unit J, 2310' FSL, 2310' FEL		10. FIELD AND POOL, OR WILDCAT Shugart (Y.S.R.O.G.)	
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SUBDIVISION OR AREA Sec. 4, T19S, R31E	
15. ELEVATIONS (Show whether DE, RT, GR, etc.)		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:

TEST WATER SHUT-OFF	☐	PULL OR ALTER CASING	☐
FRACTURE TREAT	☐	MULTIPLE COMPLETION	☐
SHOOT OR ACIDIZE	☐	ABANDON*	☐
REPAIR WELL	☐	CHANGE PLANS	☐
(Other)	☐		

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	☐	REPAIRING WELL	☐
FRACTURE TREATMENT	☐	ALTERING CASING	☐
SHOOTING OR ACIDIZING	☐	ABANDONMENT*	☐
(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

6-20-90

CARLSBAD, NEW MEXICO

RECEIVED
JUN 22 10 53 AM '90
CARRILLO AREA

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

SIGNED [Signature] 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