

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OFFICE FOR MAPPING
OF OILS AND MINERALS
(Other Instructions on
reverse side)

Modified Form No.
NMXO-3160-4

45P

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 A	
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 H, 2310' FNL, 330' FEL		10. FIELD AND FOOT, OR WILDCAT Shugart (Y.S.R.O.G.)	
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 5, T19S, R31E	
15. ELEVATIONS (Show whether OF, BT, GR, etc.)		12. COUNTY OR PARISH 13. STATE Eddy NM	

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 PLANE

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Change of Operator

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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

CARLSBAD, NEW MEXICO

JUN 22 10 52 AM '90
CALLED
AREA
ERS
JOE

RECEIVED

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