

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well
☐ Oil Well ☐ Gas Well ☒ Other. SWD
2. Name of Operator
Southwest Royalties, Inc.
3. Address and Telephone No.
Box 953, Midland, TX 79702 (915) 684-6381
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
1650' FSL & 1650' FEL
Sec. 2 T 215 R 25E

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993
5. Lease Designation and Serial No.
NM0454228-A
6. If Indian, Allottee or Tribe Name
7. If Unit or CA, Agreement Designation
8. Well Name and No.
Levers Federal SWD H9
9. API Well No.
3001520963
10. Field and Pool, or Exploratory Area
Spring
11. County or Parish, State
Eddy, New Mexico

CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION
☐ Notice of Issue	☐ Abandonment
☐ Subsequent Report	☐ Recompletion
☐ Final Abandonment Notice	☐ Plugging Back
	☐ Casing Repair
	☐ Altering Casing
	☒ Other Change in Operator
	☐ Change of Plans
	☐ New Construction
	☐ Non-Routine Fracturing
	☐ Water Shut-Off
	☐ Conversion to Injection
	☐ Dispose Water

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

13. 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 directly drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

Effective 5-1-91 Southwest Royalties, Inc. has taken over the operation for the referenced well previously operated by Conoco, Inc.

RECEIVED
MAY 3 10 05 AM '91
CARLETON
AREA

14. I hereby certify that the foregoing is true and correct
Signed Jean Ellison (Jean Ellison) Title Agent Date 5-2-91
(This space for Federal or State office use)
Approved by _____ Title _____ Date _____
Conditions of approval, if any: