

15F

Form 3160-5  
(June 1990)

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM APPROVED Budget Bureau No. 1004-0135 Expires: March 31, 1993
5. Lease Designation and Serial No. NM 14768B
6. If Indian, Allottee or Tribe Name
7. If Unit or CA, Agreement Designation
8. Well Name and No. WILDERSPIN FEDERAL #3
9. API Well No. 30-015-25501
10. Field and Pool, or Exploratory Area FENTON DELAWARE, NW
11. County or Parish, State EDDY COUNTY, NM

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 <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other
2. Name of Operator SOUTHWEST ROYALTIES, INC.
3. Address and Telephone No. P.O. BOX 11390, MIDLAND, TEXAS 79702 (915) 686-9927
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 1650 FNL & 660 FEL, 11-21S-27E

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA		
TYPE OF SUBMISSION	TYPE OF ACTION	
<input checked="" type="checkbox"/> Notice of Intent <input type="checkbox"/> Subsequent Report <input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Abandonment <input type="checkbox"/> Recompletion <input type="checkbox"/> Plugging Back <input type="checkbox"/> Casing Repair <input type="checkbox"/> Altering Casing <input checked="" type="checkbox"/> Other <u>CHANGE OF OPERATOR</u>	<input type="checkbox"/> Change of Plans <input type="checkbox"/> New Construction <input type="checkbox"/> Non-Routine Fracturing <input type="checkbox"/> Water Shut-Off <input type="checkbox"/> Conversion to Injection <input type="checkbox"/> Dispose Water <small>(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)</small>

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

AS REQUIRED BY 43 CFR 3100.0-5(a) ANS 43 CFR 3162.3 WE ARE NOTIFING YOU OF A CHANGE OF OPERATOR ON THE ABOVE REFERENCED LEASE.

SOUTHWEST ROYALTIES, INC., AS NEW OPERATOR, ACCEPTS ALL APPLICABLE TERMS, CONDITIONS, STIPULATIONS AND RESTRICTIONS CONCERNING OPERATIONS CONDUCTED ON THE LEASE OR PORTION OF LEASE DESCRIBED.

SOUTHWEST ROYALTIES, INC. MEETS FEDERAL BONGING REQUIREMENTS AS FOLLOWS (43 CFR 3104):

BOND COVERAGE: STATEWIDE  
BLM BOND NO. : B03272

NM 1936

THE EFFECTIVE DATE OF THIS CHANGE IS NOVEMBER 1, 1994

RECEIVED  
DEC 1 10 40 AM '94  
RE

14. I hereby certify that the foregoing is true and correct			
Signed <u>Kate Ellison</u>	KATE ELLISON	Title <u>REGULATORY ASST.</u>	Date <u>12-5-94</u>
(This space for Federal or State office use)			
Approved by _____		Title _____	Date _____
Conditions of approval, if any:			