

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse side)

Form approved.  
Budget Bureau No. 42-R1424.

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a well. Use "APPLICATION FOR PERMIT—" for such proposals.)

RECEIVED

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. LC 069147	
2. NAME OF OPERATOR Southland Royalty Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 1100 Wall Towers West; Midland, Texas 79701		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 Letter "C". 2310' FWL, 990' FNL Sec 34, T-17-S, R-29-E		8. FARM OR LEASE NAME Robinson Jackson Unit Tr 4	
14. PERMIT NO.		9. WELL NO. #32	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3517' GR		10. FIELD AND POOL, OR WILDCAT Jackson-Grayburg S-A	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 34, T-17-S, R-29-E	
		12. COUNTY OR PARISH Eddy	
		13. STATE New Mexico	

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Correction of lease number</u> <input checked="" type="checkbox"/>	
(Other) <input type="checkbox"/>		(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.) \*

Please be advised that the following lease number, LC 028775 (a), was incorrectly indicated for the aforementioned lease on all commission forms. It should be corrected to LC 069147.

We sincerely appreciate the help of USGS & NMOC in correcting our error.

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

SIGNED C. C. Parsons TITLE District Operations Engineer DATE 2-2-81

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: \_\_\_\_\_

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5. LEASE DESIGNATION AND SERIAL NO.

LC 069147

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Robinson Jackson Unit Tr 4

9. WELL NO.

#32

10. FIELD AND POOL, OR WILDCAT

Jackson-Grayburg S.A.

11. SEC., T., R., M., OR BLK. AND  
SURVEY OR AREA

Sec 34, T-17-S, R-29-E

12. COUNTY OR PARISH

Eddy

13. STATE

New Mexico

1.

OIL WELL ☒ GAS WELL ☐ OTHER

FEB 03 1981

2. NAME OF OPERATOR

Southland Royalty Company

O. C. D.

ARTESIA, OFFICE

3. ADDRESS OF OPERATOR

1100 Wall Towers West; Midland, Texas 79701

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*

See also space 17 below.)  
At surface

Unit Letter "C". 2310' FWL, 990' FNL

Sec 34, T-17-S, R-29-E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3517' GR

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

PULL OR ALTER CASING

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON\*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

REPAIRING WELL

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT\*

(Other) Correction of lease number

X

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

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SIGNED

*C. C. Parsons*

TITLE

District Operations Engineer

DATE

2-2-81

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: