Form approved. Budget Bureau No. 42-R1424. Form 9-331 (May 1963) UNITED STATES SUBMIT IN TRIPLICATE*
DEPARTMENT OF THE INTERIOR (Other instructions on reverse side) 5. LEASE DESIGNATION AND SERIAL NO. GEOLOGICAL SURVEY LC 069147 6. IF INDIAN, ALLOTTEE OR TRIBE NAME SUNDRY NOTICES AND REPORTS ON WELLS (Do not use this form for proposals to drill or to deepen or plug back to a proposals.) Use "APPLICATION FOR PERMIT—" for such proposals.) 1. 7. UNIT AGREEMENT NAME WELL X OTHER FEB 03 19**81** NAME OF OPERATOR 8. FARM OR LEASE NAME Southland Royalty Company Robinson Jackson Unit Tr 4 ADDRESS OF OPERATOR 9. WELL NO. 1100 Wall Towers West; Midland, Texas 7970 ES:A, OFFICE #32 LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) 10. FIELD AND POOL, OR WILDCAT A: surface Jackson-Grayburg S-Unit Letter "C". 2310' FWL, 990' FNL 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 34, T-17-S, R-29-E SEC 34, T-17-S, R-29-E 14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 12. COUNTY OR PARISH | 13. STATE 3517' GR Eddy New Mexico 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 WATER SHUT-OFF REPAIRING WELL PRACTURE TREAT MULTIPLE COMPLETE FRACTURE TREATMENT ALTERING CASING SHOOT OR ACIDIZE ABANDON* SHOOTING OR ACIDIZING ABANDONMENT* Correction of lease number FEPAIR WELL CHANGE PLANS (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) (Other) 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 & NMOCD in correcting our error.

TITLE

TITLE .

District Operations Engineer DATE

DATE

18. I hereby certify

APPROVED BY

SIGNED

that the foregoing is true and correct

(This space for Federal or State office use)

CONDITIONS OF APPROVAL, IF ANY:

18.	I hereby certify that SIGNED	Cran	sons!	ITLE	strict Oper	ations Eng	ineer DATE	2-2-81	
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