Form 3160-5 (July 1989)

UNIT __ STATES DEDARTMENT OF THE INTERIOR

CONTACT RECEIVIN
OFFICE FOR NUMBER
OF COPIES REQUIRED
(Other instructions on reverse)

BLM Roswell District
Modified Form No.
NM060-3160-4

5. LEASE DESIGNATION AND SERIAL NO.

dsr

(Formerly 9-331) BUREAU OF LAND MANAGEMENT						LC-029287-A	
(Do not use this form	for proposals	ES AND REF to drill or to deepen FOR PERMIT-" for suc	or plug back to	_	6. IF INDIAN, AL	LOTTEE OR TRIBE NAME	
1. OIL SAS OTHER						7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR						8. FARM OR LEASE NAME	
SOUTHLAND ROYALTY COMPANY					SHUGART "	SHUGART "A"	
3. ADDRESS OF OPERATOR 3a. AREA CODE & PHONE NO.						9. WELL NO.	
P.O. Box 51810,	Midland,	TX 79710-18	10	915-688-6906	1		
 LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 						10. FIELD AND POOL, OR WILDCAT SHUGART (Y-7R-QN-GB)	
M, 330' FSL & 990' FWL						11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA	
					29, T-18-	S, R-31-E	
14. PERMIT NO.		15. ELEVATIONS (Sh	ow whether DF,	RT, GR, etc.)	12. COUNTY OR F		
		NOT AVAILABL	E		EDDY	N.M.	
16.	Check Ap	propriate Box T	o Indicate	Nature of Notice, Re	eport, or Other D)ata	
NOTICE OF INTENTION TO:						JENT REPORT OF:	
TEST WATER SHUT-OFF		ULL OR ALTER CASING		WATER SHUT-OFF	<u> </u>	IRING WELL	
FRACTURE TREAT SHOOT OR ACIDIZE	V	AULTIPLE COMPLETE	$H \perp$	FRACTURE TREATMENT SHOOTING OR ACIDIZING		RING CASING DONMENT*	
REPAIR WELL	 '	HANGE PLANS		(Other)			
(Other) ADD YATES	<u></u>		x	(NOTE: Report res	ults of multiple comple completion Report and		
17. DESCRIBE PROPOSED OR	COMPLETED OPI	RATIONS (Clearly state	all pertinent deta e locations and	ails, and give pertinent dates, measured and true vertical de	, including estimated da	ite of starting any pro-	
ADD YATES PERFS,	ACIDIZE ANI	FRACTURE STI	MULATE				
YATES F/2594'-262 BREAKDOWN PERFS W/1000 GALLONS 7 500 GALLONS 40# B	20' 2 SPF, W/2 DRUM -1/2% NEF ORATE X-L 1/2-3/8" F	28 HOLES. SET S OF TRETOLITE E HCL ACID. SPA INKED GEL & 44	RBP @2700' SP358 25% ACE OUT 42 ,000# 12/20	//GR-CCL TOOL, LOG + AND TEST TO 3500 SOLUTION MIXED W/3 - 7/8" RCNBS. FRACT) BRADY SD. SI WELL 2550'+. RIH W/2" X	PSI. SET PACKER 330 GALLONS 2% 'URE STIMULATE' OVERNIGHT. FLO	AT 2500'+. KCL. FOLLOW YATES W/14, W WELL BACK	
18. I hereby certify that the	foregoing is t	IJ.	TLE	PRODUCTION ASST.	DATE	12–30–91	
		~ ~					
(This space for Federal	or State office	use)					
APPROVED BYCONDITIONS OF APPROVAL	, IF ANY:	T	ITLE		DATE		