

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

029390 NM 12211

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 different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐
2. NAME OF OPERATOR MAY 26 1982
Southland Royalty Company ✓
3. ADDRESS OF OPERATOR O. C. D.
1100 Wall Towers West, Midland, Texas 79701 ARTESIA, OFFICE
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
330' FSL & 1650' FWL, Sec. 33, T-18-S, R-31-E

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Shugart "B"

9. WELL NO.

3

10. FIELD AND POOL, OR WILDCAT

Shugart (Y,SR,Q,GB)

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

Sec. 33, T-18-S, R-31-E

14. PERMIT NO.

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

Unknown

12. COUNTY OR PARISH

Eddy

13. STATE

N.M.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input checked="" type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other) Also determine recompletion	<input checked="" type="checkbox"/>		

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		

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

17. DESCRIBE PROPOSED 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.)*

1. MIRU PU. POOH w/rods & pmp.
2. Install BOP. POOH w/tbg.
3. Run NGT log from 3500' for minimum 2000'.
4. RIH w/spot control valve, +60 tailpipe and pkr @ +3280'. Spot 15% HCl w/NEFE, inhibitor and hydrocarbon solvent additives across perfs.
5. Set pkr. Let acid soak 1 hr. Acidize w/500 gals 15% HCL w/same additives @ +3 BPM. Max press 1000 psi.
6. POOH w/spot control valve. RIH w/production tbg. Swb load back.
7. RIH w/rods & PU. Return to production.

RECEIVED
MAY 24 1982OIL & GAS
U.S. GEOLOGICAL SURVEY
ROSWELL, NEW MEXICO

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

SIGNED Fred R. M. TITLE District Operations Engineer DATE 5-21-82

(This space for Federal or State Use)

APPROVED BY (Orig. Sgd.) PETER W. CHESTER

CONDITIONS OF APPROVAL, IF ANY:

MAY 25 1982

FOR

JAMES A. GILLHAM See Instructions on Reverse Side
DISTRICT SUPERVISOR