

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

OIL CONS. COMM
Draper, DD
Artesia, NM 88210

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC- 029387C

RECEIVED

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

JAN 6 1982

7. UNIT AGREEMENT NAME

C.C.D.

8. FARM OR LEASE NAME

ARTESIA

Kenwood

9. WELL NO.

2

10. FIELD AND POOL, OR WILDCAT

Shugart (Y-7R-Q-GB)

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

29-18S-31E

12. COUNTY OR PARISH

Eddy

13. STATE

New Mexico

1.

OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Southland Royalty Company

3. ADDRESS OF OPERATOR

1100 Wall Towers West, Midland, Tx. 79701

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

See also space 17 below.
At surface

Unit Letter D 990 FNL 330 FWL

14. PERMIT NO.

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

Unknown

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

PULL OR ALTER CASING

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

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

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

ALTERING CASING

ABANDONMENT*

(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.) *

Propose to isolate and repair a suspected casing leak in the following manner:

1. POH w/ rods & tbg. Set CIBP on WL @ 3360 (50' above perfs).
2. Isolate top & bottom hole(s) with a packer on tubing.
3. Set Cmt Ret on WL 50' above top hole. If circulation obtained out 5½ x 8 5/8 annulus, circulate cmt if possible.
4. If no circulation seen, sqz hole(s) w/300 sx Cl C w/ 2% CACL.
5. Drill out Cmt Ret & Cmt. Test Csg to 1000 psi.
6. Drill out CIBP. Run rods & tbg & place well on pump.

RECEIVED
JAN 4 1982
OIL & GAS
U.S. GEOLOGICAL SURVEY
ROSWELL, NEW MEXICO

Verbal Approval by Peter Chester USGS Roswell 12-30-81.

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

SIGNED

Peter Chester

TITLE District Production Mgr. DATE 12-31-81

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED

DATE

JAN 5 1982

JAMES A. GILLHAM
DISTRICT SUPERVISOR

*See Instructions on Reverse Side