

UNITED STATES DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
OIL CONSERVATION COMMISSION  
SUBMIT IN TRIPLICATE\*  
(Other instructions on reverse side)  
88210

Form approved.  
Budget Bureau No. 1004-0135  
Expires August 31, 1985

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	RECEIVED	5. LEASE DESIGNATION AND SERIAL NO. LC-029387-B
2. NAME OF OPERATOR Southland Royalty Company ✓	JUL 13 '89	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 21 Desta Drive, Midland, Texas 79705	C. D. ARTESIA, OFFICE	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 2310' FNL & 330' FWL, Sec. 30, T18S, R31E		8. FARM OR LEASE NAME Shugart "D"
		9. WELL NO. 3
		10. FIELD AND POOL, OR WILDCAT Shugart (Y, SR, Q, G)
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 30, T18S, R31E
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) Unknown	12. COUNTY OR PARISH Eddy
		13. STATE NM

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) P & A <input type="checkbox"/>	(Other) X <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.)

6/12/89 MIRU Set 5-1/2 CIBP @3250' pump 35' cement on top W/D bailer. Perf 4 holes @ 2000' mix 25 sacks 2096 to 1856 POH W.O.C.  
6/13/89 Unable to tag plug mix 25 sacks 2096 to 1856 POH W.O.C. 4 hours RIH no tag mix 25 sacks @ 2096  
6/14/89 Tag plug @ 1696, perf @ 790' mix 100 sacks 842 to surface Cut WH off install DHM

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

SIGNED Robert L. Bradshaw TITLE Sr. Staff Env/Reg Specialist DATE June 29, 1989

(This space for Federal or State photo use)

APPROVED BY Shamir J. [Signature] FOR: OTHER, MINERAL RESOURCES DATE 7-12-89

CONDITIONS OF APPROVAL, IF ANY:

Approved on the understanding of the well bore.  
Liability under bond is retained until  
surface restoration is completed.

\*See Instructions on Reverse Side

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