

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

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"/>	2. NAME OF OPERATOR Southland Royalty Company	3. ADDRESS OF OPERATOR 21 Desta Drive, Midland, Texas 79701	4. LOCATION OF WELL (Report location clearly and in accordance with State requirements. See also space 17 below.) At surface 1650' FNL & 990' FWL, Sec. 27, T-18-S, R-31-E	5. LEASE DESIGNATION AND SERIAL NO. LC-029392B	6. IF INDIAN, ALLOTTEE OR TRIBE NAME	7. UNIT AGREEMENT NAME	8. FARM OR LEASE NAME Hinkle "F"	9. WELL NO. 4	10. FIELD AND POOL, OR WILDCAT Shugart (Y, SR, Q, G)	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 27, T-18-S, R-31-E	12. COUNTY OR PARISH Eddy	13. STATE N.M.
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:				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)	<input type="checkbox"/>		

(Other) Replace pumping unit & equip XX

(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.)*

1. MIRUPU. POH w/7/8" rods. Instl BOP. POH w/tbg. MI 2 3/8" tbg.
2. Check for scale.
3. RIH w/tbg.
4. Instl Dual wellhead to survey while pmpg to determine where water breakthrough has occurred.
5. RIH w/ 1 1/2" rod pm on 155-3/4" rods.
6. MI & set new pmpg unit.
7. Space out rods & restore to pumping.

RECEIVED
MAY 19 1983
OIL & GAS
ROSWELL, NEW MEXICO

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

SIGNED F. W. R. G. TITLE District Operations Engineer DATE 5/18/83

(This space for Federal or State Office use)

APPROVED BY PETER W. CHESTER TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

JUN 29 1983