

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
HOBBS, NEW MEXICO 88240

SUBMIT IN TRIPLICATE
(Other instructions on
reverse side)

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 GAS WELL OTHER

2. NAME OF OPERATOR
Southland Royalty Company

3. ADDRESS OF OPERATOR
21 Desta Drive, Midland, Texas 79705

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
1980' FNL & 1980' FWL, Sec. 22, T-18-S, R-33-E

5. LEASE DESIGNATION AND SERIAL NO.
NM-0997

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Aztec "22" Federal

9. WELL NO.
1

10. FIELD AND POOL, OR WILDCAT
South Corbin (Morrow)

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 22, T-18-S, R-33-E

12. COUNTY OR PARISH
Lea

13. STATE
N.M.

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3855.1' GR

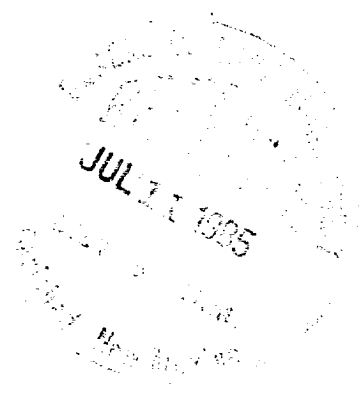
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

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) Set 5 1/2" csg	<input checked="" 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.)*

Set 5 1/2" 17# csg @ 13,626'. Cmt w/1050 sxs C1 "H" 50-50 Poz. PD @ 9:00 AM 6-21-85. Rltd rig @ 1:00 PM 6-21-85. Ran Temp Survey. TOC @ 7900'. WOC 19 days.



18. I hereby certify that the foregoing is true and correct
SIGNED John Stark TITLE Operations Engineer DATE 7/10/85
(This space for Federal or State office use)

APPROVED BY ACCEPTED FOR RECORD TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:
John Stark
JUL 12 1985

*See Instructions on Reverse Side