

Form 3160-5
(July 1989)
(Formerly 9-331)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVING
OFFICE FOR NUMBER
OF COPIES REQUIRED
(Other instructions on reverse
side)

BLM Roswell District
Modified Form No.
NM060-3160-4

clsf

5. LEASE DESIGNATION AND SERIAL NO.
LC-028775-B

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.)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

1. OIL WELL GAS WELL OTHER

MAY - 6 1992

7. UNIT AGREEMENT NAME

2. NAME OF OPERATOR
SOUTHLAND ROYALTY COMPANY

O. C. D.
CENTRAL OFFICE

8. FARM OR LEASE NAME
RJU TR 2A

3. ADDRESS OF OPERATOR
P.O. Box 51810, Midland, TX 79710-1810

3a. AREA CODE & PHONE NO.
915-688-6906

9. WELL NO.
8

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
At surface

K, 1980' FSL & 1980' FWL

10. FIELD AND POOL, OR WILDCAT
GRAYBURG JACKSON 7 RVS - QN-GB - SA

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
27, T-17-S, R-29-E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3526' GR

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 type="checkbox"/>	ABANDON*	<input checked="" type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input 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 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.)*

NOTIFY THE BLM OFFICE IN CARLSBAD PRIOR TO COMMENCING PLUGGING OPERATIONS.

KNOCK CIPB SET AT 2340' ± DOWN TO PBSD OF 2950'. SET CMT RET FOR 7" 20# CSG AT 2650' ±. TEST TBG TO 1000 PSI. ESTABLISH INJ RATE W/FRESH WTR. SQZ BELOW RETAINER W/70 SXS CLASS C CEMENT. PULL OUT OF RETAINER AND CAP WITH 6 SXS (35') OF CLASS C CEMENT. CIRC HOLE W/10 PPG GELLED MUD. RIH W/ CIBP FOR 7" 20# CSG ON 2-7/8" WORKSTRING AND SET AT 2350' ±. DUMP 20 SXS (100') OF CLASS C CMT ON CIBP. PERFORATE 710'-711' W/4 SPF (8 HOLES). SET CMT RET FOR 7" 20# CSG AT 610' ±. TEST TBG TO 1000 PSI. ESTABLISH INJ RATE W/FRESH WATER. SQZ BELOW RETAINER W/25 SXS OF CLASS C CEMENT (100' INSIDE & OUTSIDE CSG.) PULL OUT OF RETAINER AND CAP WITH 6 SXS OF CLASS C CEMENT. PERFORATE 300'-301' W/4 SPF (8 HOLES). PUMP FRESH WATER DOWN THE 7" CASING TO ESTABLISH CIRCULATION. PUMP 100 SXS CLASS C CEMENT AND CIRCULATE TO SURFACE.

CUT OFF CASING 3' BELOW SURFACE AND WELD ON STEEL PLATE. SET ABANDONMENT MARKER. RESTORE LOCATION.

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

SIGNED *Anna J. Puse* TITLE PRODUCTION ASST. DATE 4-29-92

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE 5-1-92
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side