

- c15F

<b>SUNDRY NOTICES AND REPORTS ON WELLS RECEIVED</b> <small>(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.)</small>		5. LEASE DESIGNATION AND SERIAL NO. <b>LC-029387-A</b>
		6. IF INDIAN, ALLOTTEE OR TRIBE NAME <b>SJS</b>
1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR <b>SOUTHLAND ROYALTY COMPANY</b>		8. FARM OR LEASE NAME <b>SHUGART "A"</b>
3. ADDRESS OF OPERATOR <b>P.O. Box 51810, Midland, TX 79710-1810</b>	3a. AREA CODE & PHONE NO. <b>915-688-6906</b>	9. WELL NO. <b>1</b>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <b>M, 330' FSL &amp; 990' FWL</b>		10. FIELD AND POOL, OR WILDCAT <b>SHUGART (Y-7R-QN-GB)</b>
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <b>29, T-18-S, R-31-E</b>
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) <b>NOT AVAILABLE</b>	12. COUNTY OR PARISH <b>EDDY</b>
		13. STATE <b>N.M.</b>

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 checked="" 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) _____	
(Other) <b>ADD YATES PERFS, ACID., &amp; FRAC.</b> <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.)\*

**ADD YATES PERFS, ACIDIZE AND FRACTURE STIMULATE**

RIH W/BIT & SCRAPER TO CHECK FOR OBSTRUCTIONS. RIH W/GR-CCL TOOL, LOG F/3600'+-2000'. PERFORATE YATES F/2594'-2620' 2 SPF, 28 HOLES. SET RBP @2700'+ AND TEST TO 3500 PSI. SET PACKER AT 2500'+. BREAKDOWN PERFS W/2 DRUMS OF TRETOLITE SP358 25% SOLUTION MIXED W/330 GALLONS 2% KCL. FOLLOW W/1000 GALLONS 7-1/2% NEFE HCL ACID. SPACE OUT 42 - 7/8" RCNBS. FRACTURE STIMULATE YATES W/14, 500 GALLONS 40# BORATE X-LINKED GEL & 44,000# 12/20 BRADY SD. SI WELL OVERNIGHT. FLOW WELL BACK UNTIL IT DIES. RIH W/2-3/8" PRODUCTION TBG, SET MA AT 2550'+. RIH W/2" X 1.5" X 10' PUMP AND 3/4" RODS. PUT WELL ON PRODUCTION.

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

SIGNED Maria L. Perez TITLE PRODUCTION ASST. DATE 12-30-91

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE 1/17/92

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side