

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.
NMO60-3160-4

clsf

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different formation.
Use "APPLICATION FOR PERMIT-" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		MAY - 1 1992		5. LEASE DESIGNATION AND SERIAL NO. LC-028775-B	
2. NAME OF OPERATOR SOUTHLAND ROYALTY COMPANY		O. C. D. OFFICE		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P.O. Box 51810, Midland, TX 79710-1810		3a. AREA CODE & PHONE NO. 915-688-6906		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 B, 660' FNL & 1980' FEL				8. FARM OR LEASE NAME RJU TR 2A	
				9. WELL NO. 2	
				10. FIELD AND POOL, OR WILDCAT GRAYBURG JACKSON 7 RVRS - G-GB-5A	
				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.) 3550' DF		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:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	<input type="checkbox"/>	WATER SHUT-OFF	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	FRACTURE TREATMENT	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input type="checkbox"/>
(Other) RESTORE WELL TO PRODUCTION	<input checked="" type="checkbox"/>	(Other) _____	ABANDONMENT*

(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.)*

RESTORE WELL TO PRODUCTION.

RIH WITH 2-3/8" TBG. SET AT 3250' . PUT ON PRODUCTION.

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

SIGNED

Maria L. Perez

TITLE

MARIA L. PEREZ

DATE

4-16-92

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

4/30/92

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side