

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

c/sf

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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER WIW		5. LEASE DESIGNATION AND SERIAL NO. LC-028775-A	
2. NAME OF OPERATOR Southland Royalty Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P.O. Box 51810, Midland, TX 79710-1810		7. UNIT AGREEMENT NAME	
3a. AREA CODE & PHONE NO. 915-688-6906		8. FARM OR LEASE NAME RJU Tr. 1	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 0, 660' FSL & 1980' FEL		9. WELL NO. 9	
10. FIELD AND POOL, OR WILDCAT Grayburg Jackson SR-QN-G		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 27, T17S, R29E	
14. PERMIT NO.	15. ELEVATIONS (Show whether OIL, GAS, OR OTHER) 3556' GR.	12. COUNTY OR PARISH Eddy	13. STATE NM

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) <input type="checkbox"/>
(Other) Modify Injection Profile <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.)*

RIH w/CIBP and set @ 2600'. RIH w/CR and set at 2400'. Squeeze perms 2464'-2480' and 2506' - 2512' below retainer w/200 sxs "C" cmt w/additives. WOC 24 hrs. RIH w/bit. Drill out retainer @ 2400', clean out to CIBP @ 2600'.

Test squeeze to 300 psi for 5 minutes. Drill out to CIBP @ 2875', stimulate well. Pump two drums of Tretolite SP 358 25% solution mixed with 330 gals 2% KCL. Stimulate open hole 2829' -2875' w/ 1000 gals 15% HCL, 4000 gals of LCA acid w/additives. RIH w/Baker Loc-set packer w/on-off tool on 2800', 2-3/8", 4.7# IPC tbg. Pump 42 gals KW170 & 2 gals K490/100 bbls fresh water Tretolite. Turn well to injection. Establish injection rate of 500 BWPD.

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

SIGNED Maria J. Pore TITLE Production Assistant DATE 10/22/91

(This space for Federal or State office use)

APPROVED BY Subject to TITLE Like Approval DATE 10/31/91

CONDITIONS OF APPROVAL, IF ANY:

Subject to
Like Approval
by State

*See Instructions on Reverse Side