| (July 1989) DEPARTN   | UN <u>D</u> STATES<br>IENT OF THE INTERIOR<br>OF LAND MANAGEMENT   | CONTACT RECEIV<br>OFFICE FOR NUMBA<br>OF COPIES REQUIRED<br>(Other instructions on reverse<br>side)  | BLM Roswell District<br>Modified Form No.<br>NM060-3160-4<br>5. LEASE DESIGNATION AND<br>LC-028775-B | L                               |
|---|--|--|--|---------------------------------|
| SUNDRY NOTIC  | CES AND REPORTS ON   |  | 6. ININIDIAN, ALLONTEE OR  |                                 |
| (Do not use this form for proposals   | to drill or to deepen or plug back to  | a different reservoir  |  |                                 |
| Use "APPLICATIO   | N FOR PERMIT-" for such proposals.)  | HTTEAL MA  | 88210  |                                 |
|   |  |  | 7. UNIT AGREEMENT NAME   |                                 |
|   |  |  | Robinson Jackso  | n Unit                          |
| 2. NAME OF OPERATOR   | - And  |  | 8. FARM OR LEASE NAME  |                                 |
| Southland Royalty Company   | ·····  | 3a. AREA CODE & PHONE NO.  | RJU Tract 2A   |                                 |
| 3. ADDRESS OF OPERATOR  | TY 70710 1910  |  | 9. WELL NO.  |                                 |
| P.O. Box 51810, Midland,  |  | (915)688-6800  | 9  |                                 |
| <ol> <li>LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*<br/>See also space 17 below.)</li> </ol>   |  |  | 10. FIELD AND POOL, OR WILDCAT   |                                 |
| At surface 97 103   |  |  | Grayburg Jackson 7R,QN   |                                 |
| 660' FSL & <del>1960'</del> FWL   |  |  | 11. SEC., T., R., M., OR BLK. AND<br>SURVEY OR AREA  |                                 |
| 1980  |  |  | Sec 34, 17S, 29E   | =                               |
| 14. PERMIT NO.  | 15. ELEVATIONS (Show whether DF,   | RT, GR, etc.)  | 12. COUNTY OR PARISH   | 13. STATE                       |
|   | 3530' GL   | · ·  |  | NM                              |
| 16. Check An  | propriate Box To Indicate  | Nature of Notice Papart  |  |                                 |
|   |  | •  |  |                                 |
|   | N TO:  | SUBSEQUE   | NT REPORT OF:  |                                 |
| TEST WATER SHUT-OFF   |  | WATER SHUT-OFF   | REPAIRING WEL  | L []                            |
| FRACTURE TREAT  |  | FRACTURE TREATMENT   | ALTERING CASIN   | ю 🗌                             |
| SHOOT OR ACIDIZE  | ABANDON* X   |  | ABANDONMENT  | · 🔲                             |
| REPAIR WELL   |  | (Other)  | ·  |                                 |
| (Other)   |  | (NOTE: Report results of<br>Completion or Recompli   | f multiple completion on W<br>stion Report and Log form.   |                                 |
| RIH w/7"-20# CICR and set @-<br>interval w/50 sxs Class C. F<br>gelled brine. POH.<br>RIH w/7" CIBP and set @ +/-<br>RIH w/4" casing gun and perf<br>850'. Test tubing to 1000 ps<br>RU cementing equipment. Es<br>sx Class C cement. Pull out<br>RIH w/4" casing gun and perf<br>ND BOPE. RU cementing equip<br>sxs Class C cement and circle<br>Cut off casing 3' below surfa | Pull out of retainer and dum<br>2385'. Lay 25 sxs Class C<br>forate from 725'-726' w/4<br>si.<br>tablish injection rate with f<br>of retainer and dump 6 sx<br>forate 386'-387' w/4 JHPF<br>poment. Establish circulation<br>ulate to surface. | p 6 sxs Class C atop sam<br>C CMT atop CIBP. POH.<br>jhpf (8 holes). POH. RIH<br>resh water. Cement sque<br>Class C cement atop reta<br>(8 holes).<br>n down 7" casing w/fresh | e. Displace hole v<br>w/ 7" CICR and se<br>eeze below retaine<br>iner. POH.<br>water. Mix and p      | v/10ppg<br>et at +/-<br>r w/ 30 |
| Restore location as directed.   |  |  |  |                                 |
|   |  |  |  |                                 |
|   |  |  |  |                                 |
| 18. I hereby certify that the foregoing is t  |  | Draductica As  |  |                                 |
| SIGNED  |  | Production Asst.   | DATE   |                                 |
| (This space for Federal or State office   | use)   |  | <u> </u>   |                                 |
| APPROVED BY (ORIG. SGD) DA  | •  |  | · · · ·  |                                 |
| CONDITIONS OF APPROVAL, IF ANY:   | THE CLASSITLE  |  | DATE   |                                 |
|   |  |  |  |                                 |
| SEE ATTACH  | FD   |  |  |                                 |
|   |  | on Reverse Side  |  |                                 |
|   |  |  |  |                                 |