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

UNIT. STATES DEPARTMENT OF THE INTERIOR

CONTACT RECEIVING
OFFICE FOR NUMBER
OF COPIES REQUIRED
(Other instru**ger give o**se
side)

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

5. LEASE DESIGNATION AND SERIAL NO. BUREAU OF LAND MANAGEMENT LC-028775-B

| | CES AND REPORTS ON | | 2 6. IF INDIAN, ALLOTTEE OR TRIBE NAME |
|---|--|---|--|
| | N FOR PERMIT-" for such proposals.) | O. C. D. | |
| 1. OIL GAS WELL OTHER | | | 7. UNIT AGREEMENT NAME |
| 2. NAME OF OPERATOR | 8. FARM OR LEASE NAME | | |
| SOUTHLAND ROYALTY COMPAN 3. ADDRESS OF OPERATOR | RJU TR 2A | | |
| 3. ADDRESS OF OPERATOR P.O. BOX 51810, Midland, TX 79710-1810 915-688-6906 | | | 9. WELL NO. |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) | | | 10. FIELD AND POOL, OR WILDCAT GRAYBURG JACKSON 7 RVRS |
| At surface K. 1980' FSL & 1980' FWL | | | 11. SEC., T., R., M., OR BLK, AND |
| N, 1380 FOL & 1980 FWL | | | SURVEY OR AREA |
| | | | 27, T-17-S, R-29-E |
| 14. PERMIT NO. | 15. ELEVATIONS (Show whether DF, 3526' GR | RT, GR, etc.) | 12. COUNTY OR PARISH 13. STATE |
| | | | EDDY N.M. |
| 16. Check Ap | opropriate Box To Indicate | Nature of Notice, Repo | rt, or Other Data |
| NOTICE OF INTENTIO | IN TO: | SUBSEQU | ENT REPORT OF: |
| TEST WATER SHUT-OFF | PULL OR ALTER CASING | WATER SHUT-OFF | REPAIRING WELL |
| FRACTURE TREAT | MULTIPLE COMPLETE | FRACTURE TREATMENT | ALTERING CASING |
| 1 | ABANDON* | SHOOTING OR ACIDIZING | ABANDONMENT* X |
| REPAIR WELL (Other) | CHANGE PLANS | (Other) | of multiple completion on Well |
| 17. DESCRIBE PROPOSED OR COMPLETED OP | EPATIONS (Clearly state all postions de | Completion or Recom | pletion Report and Log form.) |
| 5/09/92 RIH & PERF 7" CSG (CMT BELOW RET. POOI RIH W/ PKR TO 60', PI | GCACL2. CALC TOP @ 2048'. 9 710'. RU TO RUN CMT RET H W/ RET. CAP W/ 10 SX. O UMP 150 SX CLASS "C" CMT IMP 20 CLASS "C" CMT BACK | CALC TOP 550', RIH & PEF BELOW 7" X 8-5/8", WO | RF CSG @ 350'. IC TO TAG. RIH |
| - | - Approved a Liquiday san s unaccount. | | Post ID-2 6-5-92 |
| 18. I hereby certify that the foregoing is t | true and correct | | |
| signed Karana Sch | TITLE | PRODUCTION ASST. | DATE5-29-92 |
| (This space for Federal or State office APPROVED BY CONDITIONS OF APPROVAL. IF ANY: | WALLE | | DATE 6.9.92 |