

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

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		RECEIVED		5. LEASE DESIGNATION AND SERIAL NO. LC-028775-A	
2. NAME OF OPERATOR SOUTHLAND ROYALTY COMPANY ✓		3a. AREA CODE & PHONE NO. 915-682-6500 ARTESIA 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. 915-682-6500 ARTESIA OFFICE		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 P, 25' FSL & 1295' FEL		10. FIELD AND POOL, OR WILDCAT GRAYBURG-JACKSON (7-R,		8. FARM OR LEASE NAME RJU TR 1	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3560' GR		9. WELL NO. 14	
				11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 27, T-17-S, R-29-E	
				12. COUNTY OR PARISH EDDY	
				13. STATE N.M.	

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other) RETURN SI WELL TO PRODUCTION	<input checked="" type="checkbox"/>		

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)	<input 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.)*

RETURN SHUT IN WELL BACK TO PRODUCTION.

RIH W/BIT & CSG SCRAPER TO 2880'± TO CHECK FOR OBSTRUCTIONS. RIH W/BIT TO PBTD OF 3063'±. CLEAN OUT IF NECESSARY. SPOT 250 GALLONS 15% NEFE HCL ACID 2920'-3063'. RIH W/STRESS FRAC TOOL IN OPEN HOLE 3002'-3010'. CORRELATE W/GR-CCL LOG, IGNITE STRESS FRAC TOOL. RIH W/STRESS FRAC TOOL IN OPEN HOLE 2948'-2958', IGNITE STRESS FRAC TOOL. RIH W/TREATING PKR ON 2-3/8" TBG TO 2800'±. SWAB BACK. PUMP TWO DRUMS OF TRETOLITE SP358 25% SOLUTION MIXED W/330 GALLONS 2% KCL. RIH W/2-3/8" TBG. SET MA AT 2800'±. RIH W/2" X 1.5" PUMP AND 3/4" AND 7/8" RODS. NU WELLHEAD. TURN WELL TO PRODUCTION.

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

SIGNED Mary T. Peto

TITLE PRODUCTION ASST.

DATE 12-30-91

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

***See Instructions on Reverse Side**