

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

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.)

RECEIVED

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		MAR - 6 1992		5. LEASE DESIGNATION AND SERIAL NO. LC-028775-A	
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 P, 25' FSL & 1295' FEL				8. FARM OR LEASE NAME RJU TR 1	
				9. WELL NO. 14	
				10. FIELD AND POOL, OR WILDCAT GRAYBURG-JACKSON (7-R,	
				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.) 3560' GR		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"/>	FRACTURE TREATMENT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	(Other) _____	<input type="checkbox"/>
(Other) RETURN SI WELL TO PRODUCTION	<input checked="" type="checkbox"/>	(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
CHANGE PLANS	<input type="checkbox"/>		

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	<i>Mark L. Dew</i>	TITLE	PRODUCTION ASST.	DATE	12-30-91
(This space for Federal or State official use)					
APPROVED BY	<i>David A. Glass</i>	TITLE		DATE	3-4-92
CONDITIONS OF APPROVAL, IF ANY:					

\*See Instructions on Reverse Side