

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

CSF

SUNDRY NOTICES AND REPORTS ON WELLS RECEIVED

(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"/>		MAR - 6 1992		5. LEASE DESIGNATION AND SERIAL NO. LC-028775-A
2. NAME OF OPERATOR SOUTHLAND ROYALTY COMPANY		O. C. D. STRICT 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)688-6943		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 TR1
				9. WELL NO. 14
				10. FIELD AND POOL, OR WILDCAT GRAYBURG JACKSON 7R-QN-G-5A
				11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SEC 27, T17S, R29E
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3560' 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:

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)			

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) RETURN SI WELL TO PRODUCTION	<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.)*

- 1/15/92 PROJ: TO INSTALL RODS, TBG & PUMPING UNIT & RETURN TO PRODUCTION. TIH W/ BIT & SCR.
- 1/16/92 REPAIR WH & CSG.
- 1/17/92 SPOT 250 GALS 15% NEFE HCL @ 3057'. SWAB. RIH W/ STRESS FRAC TOOL. POSITION @ 3002-10' & IGNITE. 6700# RECORDED. POSITION @ 2948-58' IGNITE. 7500 # RECORDED.
- 1/18/92 SWAB. SQZ OPEN HOLE 2880-3057' W/ 110 GALS TRETOLITE SP-358 MIXED IN 8 BBLS 2% KCL. TIH W/ PROD TBG. TIH W/ PLGR, SUB & RODS. 2 3/8" 4.7# J55 TBG @ 2827.96'.
- 1/19/92 - 1/20/92
SPACE OUT & HANG ON. TURN TO PRODUCTION.

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

SIGNED Rerann Schoel TITLE PRODUCTION ASST. DATE 02/25/92

(This space for Federal or State office use)

APPROVED BY David H. Hines TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY

1992

*See Instructions on Reverse Side