

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVED
OFFICE FOR NUMBER
OF COPIES REQUIRED
(Other instructions on reverse
side)

BLM Roswell District
Modified Form No.
NMO60-3160-4

2/57

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different rock formation. Use "APPLICATION FOR PERMIT-" for such proposals.)

1. ☒ OIL WELL ☒ GAS WELL ☒ OTHER INJ. WELL

OCT 15 '90

2. NAME OF OPERATOR

Southland Royalty Company

3. ADDRESS OF OPERATOR

21 Desta Dr., Midland, TX 79705

3a. AREA CODE, PHONE NO.

915-686-5860

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*

See also space 17 below.)

At surface

1980' FNL & 1980' FEL

5. LEASE DESIGNATION AND SERIAL NO.

LC-028775-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Robinson-Jackson Unit Tr. 1

9. WELL NO.

4

10. FIELD AND POOL, OR WILDCAT

Grayburg Jackson

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 34, T17S, R29E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3516' 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:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF

| |
|-------------------------------------|
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input checked="" type="checkbox"/> |
| <input type="checkbox"/> |

PULL OR ALTER CASING

| |
|--------------------------|
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

WATER SHUT-OFF

| |
|--------------------------|
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

| |
|--------------------------|
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |

ALTERING CASING

ABANDONMENT*

(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.)*

This injection well has developed a hole in the injection tubing. The water is flowing up the backside to an emergency containment pit. This will continue until the pressure is relieved to allow the tubing and packer to be removed. The bad tubing will be replaced and any other repairs necessary will be made. The injection well will then be returned to service. When the work has been completed, the water will be removed from the emergency pit and transported to a disposal well. The pit will then be backfilled.

PERMIT FOR REMEDIAL WORK AND PIT IS REQUESTED.

RECEIVED
OCT 12 10 35 AM '90
CARL
AREA

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

SIGNED

Robert L. Bradshaw

TITLE

Sr. Staff Env./Reg. Spec.

DATE

09 October 1990

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

10-12-90

CONDITIONS OF APPROVAL, IF ANY:

1. PIT will be Fenced.

2. PIT will be EMPTIED within 48 HOURS.

*See Instructions on Reverse Side