

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.
NMO60-3160-4

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 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 A	
2. NAME OF OPERATOR SOUTHLAND ROYALTY COMPANY		MAY - 6 1992		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P.O. Box 51810, Midland, TX 79710-1810		3a. AREA CODE & PHONE NO. 915-588-5906		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 A, 1295' FNL & 25' FEL		10. FIELD AND POOL, OR WILDCAT GRAYBURG Jackson 7RVRS-Q- G-S A		8. FARM OR LEASE NAME RJU TR 1A	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR APMA 34, T-17-S, R-29-E		9. WELL NO. 16	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3558' 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:

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)	<input checked="" type="checkbox"/> TEMPORARILY ABANDON TEST CASING		<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"/>		<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.)*

TEMPORARILY ABANDON.

CALL BLM PRIOR TO COMMENCING TA OPERATIONS.

RIH WITH A BIT AND SCRAPER ON 2-3/8" PRODUCTION TUBING TO 2500'[±] TO CHECK FOR OBSTRUCTIONS. RIH WITH CIBP AND SET @ 2400'[±]. CIRC HOLE W/PKR FLUID (42 GALLONS OF TRETOLITE KW170 AND 2 GALLONS OF K490 PER 100 BBLS OF FRESH WATER). TEST CASING TO 500 PSI FOR 30 MINUTES. TOH AND LAY DOWN 2-3/8" TUBING. ND BOP. NU WELLHEAD.

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

SIGNED

Maria L. Perez

TITLE

MARIA L. PEREZ

DATE

4-16-92

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

5/4/92

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side