

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

5. LEASE DESIGNATION AND SERIAL NO.

LC-028775-B

SUNDRY NOTICES AND REPORTS ON WELLS

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

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

1. OIL WELL ☐ GAS WELL ☒ OTHER WATER INJECTION

MAR 12 1992

7. UNIT AGREEMENT NAME

2. NAME OF OPERATOR
SOUTHLAND ROYALTY COMPANY

O. C. D.
WELLS OFFICE

8. FARM OR LEASE NAME

RJU TR 1A

3. ADDRESS OF OPERATOR
P.O. Box 51810, Midland, TX 79710-1810

3a. AREA CODE & PHONE NO.

915-688-6906

9. WELL NO.

12

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

A, 660' FNL & 654' FEL

10. FIELD AND POOL, OR WILDCAT

GB JACKSON-7R-QN-GB-SA

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

34, T-17-S, R-29-E

14. PERMIT NO.

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

3558' 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

☐
☐
☐
☐

PULL OR ALTER CASING

☐
☐
☐
☐

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other) CONVERT TO WIW

X

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

☐
☐
☐

REPAIRING WELL

☐
☐
☐

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other)

(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.)*

RIH W/BIT AND CSG SCRAPER, CHECK FOR OBSTRUCTIONS. RIH W/CIBP AND SET @ 2700'+. RIH W/CMT RET AND SET @ 2500'+. TEST TBG TO 1000 PSI, TEST CSG TO 500 PSI. SQUEEZE METEX PERFS 2550'-2600' BELOW RET W/200 SXS "C" CMT. WOC 24 HRS. DRILL OUT RET @ 2500'+. TEST SQZ TO 500 PSI FOR 5 MINUTES. DRILL OUT CIBP, CLEAN OUT TO PBD W/2% KCL WTR. RIH W/2-7/8" TBG TO 2900'+ & SET PKR. TEST TBG TO 1000 PSI. PUMP 2 DRUMS TRETOLITE SP358 25% SOLUTION MIXED W/330 GALS 2% KCL. STIMULATE OPEN HOLE 2921'-3093', JACKSON FORMATION, W/1000 GALS 15% HCL + 4000 GALS LCA ACID. FLOW WELL BACK UNTIL IT DIES. SWAB LOAD. RIH W/BAKER LOC-SET PKR & 2-3/8" TBG. CIRC WELLBORE W/PKR FLUID. 42 GALS KW170 + 2 GALS K490/100 BBLS FW-TRETOLITE. SET PKR @ 2850'. PUT ON INJECTION.

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

SIGNED

Clara J. Perez

TITLE

PRODUCTION ASST.

DATE

01-10-92

(This space for Federal or State office use)

APPROVED BY

David A. Glass

TITLE

DATE

3-6-92

CONDITIONS OF APPROVAL, IF ANY:

***See Instructions on Reverse Side**