

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 reservoir.  
Use "APPLICATION FOR PERMIT-" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <b>WATER INJECTION</b>		5. LEASE DESIGNATION AND SERIAL NO. <b>LC-028775-B</b>	
2. NAME OF OPERATOR <b>SOUTHLAND ROYALTY COMPANY</b>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR <b>P.O. Box 51810, Midland, TX 79710-1810</b>		7. UNIT AGREEMENT NAME	
3a. AREA CODE & PHONE NO. <b>915-688-6906</b>		8. FARM OR LEASE NAME <b>RJU TR 1A</b>	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <b>A, 660' FNL &amp; 654' FEL</b>		9. WELL NO. <b>12</b>	
		10. FIELD AND POOL, OR WILDCAT <b>GB JACKSON, 7R, QN, GB, SA</b>	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <b>34, T-17-S, R-29-E</b>	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) <b>3558' GR</b>	12. COUNTY OR PARISH <b>EDDY</b>	13. STATE <b>NM</b>

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"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <b>CONVERT TO WIW</b> <input checked="" type="checkbox"/>	
(Other) <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.)\*

1-03-92 TOH W/TBG.

1-04-92 TST'D CSG TO 500#/30 MINS, OK.

1-05/6-92 PUMPED 240 BBLS WTR, DID NOT CIRC.

1-07-92 DRILLED OUT SCALE & IRON TO 3060'-2882'.

1-08-92 RIH W/2-7/8" TBG & PKR TO 2496'. TESTED CSG TO 500#/30 MIN. MOVED PKR TO 2836' & SET. EST INJ RATE 5 BPM/2800# W/NO COMM. PUMPED 110 GALS SP-358, 8 BBLS 2% KCL FOLLOWED BY 1000 GALS 15% NEFE HCL + 4000 GALS 15% LCA + 2000 GALS 15% NEFE HCL.

1-09/10-92 SET 2-3/8" TBG & LOCK-SET PKR @ 2850'. TURN WELL TO INJECTION.

Post ID- 3  
2-7-92  
chg from Prod  
to WIW

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

SIGNED <u><i>Alvin L. Perez</i></u>	TITLE <u>PRODUCTION ASST.</u>	DATE <u>1-10-92</u>
(This space for Federal or State official use)		
APPROVED BY <u><i>David H. Glass</i></u>	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY: <u>8/1992</u>		

\*See Instructions on Reverse Side