

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

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

6. LAND OWNER, ALLOTTEE OR TRIBE NAME
Artesia, NM 88210

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> WIW	7. UNIT AGREEMENT NAME Robinson Jackson Unit
2. NAME OF OPERATOR Southland Royalty Company	8. FARM OR LEASE NAME RJU Tract 3
3. ADDRESS OF OPERATOR P.O. Box 51810, Midland, TX 79710-1810	9. WELL NO. 19
3a. AREA CODE & PHONE NO. (915)688-6800	10. FIELD AND POOL, OR WILDCAT Grayburg Jackson 7R,QN
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FWL & 660' FEL South	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 34, 17S, 29E
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3534' GL
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"/>	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 checked="" type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	(Other) <input 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.)*

MIRU Release packers. POH. RIH w/2 7/8" tubing, bit and scraper to 3050'.

RIH w/7"-20# CICR and set @ 3040'. Test tubing to 1500 psi. Cement sq. Grayburg Jackson open hole interval w/50 sxs Class C. Pull out of retainer and dump 6 sxs Class C atop same. Displace hole w/10ppg gelled brine.

RIH w/7" CIBP and set @ 2450'. Lay 25 sxs Class C CMT atop same.

RIH w/4" casing gun and perforate from 870'-871' w/4JHPF. RIH w/7" CICR and set @ 825'. Test tubing to 1000 psi. Cement w/30sxs Class C below retainer. Drop 6 sxs Class C atop same.

RIH w/4" casing gun and perforate 510'-511' w/4 JHPF.

Establish circulation down 7" casing. Displace hole w/fresh water. Mix and pump 150 sxs Class C cement and circulate to surface.

Cut off casing 3' below surface and place abandonment maker as per regulations.

Restore location as directed.

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

SIGNED David R. Glass TITLE PRODUCTION ASSISTANT DATE 6/22/93

(This space for Federal or State office use)

APPROVED BY (ORIG. SGD) DAVID R. GLASS TITLE Production Assistant DATE JUL 2 1993

CONDITIONS OF APPROVAL, IF ANY:

SEE ATTACHED

*See Instructions on Reverse Side