

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

ASF

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 type="checkbox"/> OTHER WIW		5. LEASE DESIGNATION AND SERIAL NO. LC-028775-B	
2. NAME OF OPERATOR Southland Royalty Company		7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR P.O. Box 51810, Midland, TX 79710-1810		8. FARM OR LEASE NAME RJU Tr.2 A	
3a. AREA CODE & PHONE NO. 915-698-2906		9. WELL NO. 6	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface G, 1980'FNL & 1980' FEL		10. FIELD AND POOL, OR WILDCAT Grayburg Jackson SR-QN-G	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 35, T17S, R29E		12. COUNTY OR PARISH Eddy	
13. STATE NM		14. PERMIT NO.	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3563' GR.		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) Modify Injection Profile	<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) _____	

(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/CIBP and set @ 2800'. RIH w/CR and set at 2450'. Squeeze perfs 2506'-2548' and 2666' - 2712' below retainer w/250 sxs "C" cmt w/additives. WOC 24 hrs. RIH w/bit. Drill out CR @ 2450', clean out to below top set of perfs 2506' - 2548'. Test squeeze to 300 psi for 5 minutes. Drill out CIBP @ 2800', test squeeze to 300 psi for 5 minutes. Drill out CIBP & clean out to PBTD of 3220'. Pump two drums of Tretolite SP 358 25% solution mixed with 330 gals 2% KCL. Stimulate open hole Jackson formation 3055' - 3220' w/ 1000 gals 15% HCL, 4000 gals of LCA acid w/additives. Flow well back until it dies. Swab load back. POOH w/ pkr and work string. RIH w/IPC Baker Loc-set packer w/on-off tool on 3000' of 2-3/8", 4. 7# IPC tbq. Pump pkr fluid (42 gals KWM, 2 gals K490/100 bbls fresh water Tretolite. Turn well to injection. Establish injection rate of 500 BWPD.

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

SIGNED *Maria L. Perez* TITLE Production Assistant DATE 10/22/91

(This space for Federal or State office use)

APPROVED BY _____ TITLE PETROLEUM DATE 10/31/91

CONDITIONS OF APPROVAL, IF ANY:

Subject to
Like Approval
by State

*See Instructions on Reverse Side