

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.  
NM060-3160-4

c/5F

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.)

RECEIVED

FEB 25 1992

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR SOUTHLAND ROYALTY COMPANY		8. FARM OR LEASE NAME RJU TR 2 A
3. ADDRESS OF OPERATOR P.O. Box 51810, Midland, TX 79710-1810	3a. AREA CODE & PHONE NO. 915-688-6906	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-
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 35, T-17-S, R-29-E
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3563' GR	12. COUNTY OR PARISH EDDY
		13. STATE N.M.

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 type="checkbox"/>		<input 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 checked="" 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.)\*

PLUGGED AND ABANDONED.

11-20-91 MIRU.  
11-21- THRU 26-91 TIH W/BIT. CLEANED OUT IRON, SCALE & FORMATION.  
11-27-91 TIH, CAUGHT FISH & POH.  
11-28- THRU 29-91 TRT'D W/110 GLS SP-358, 330 GLS OF 2% KCL, 1000 GLS 15% HCL, 4000 GLS OF LCA ACID. FLOW BACK ACID. CIRC'D W/PKR FLUID. CSG WOULD NOT TEST. HOLE IN 7" CSG 3' BELOW GROUND LEVEL.  
11-30-91 SI.  
12-6-91 TST'D CSG TO 500#, LOST 100#/2MINS.  
12-7 THR 12-9-91 TIH & SET RBP @ 2430', SET PKR @ 2403', TST'D RBP, NO TEST, TST'D ANNULUS, NO TEST.  
12-10-91 RIH W/RBP & UNI-PKR, FOUND BAD CSG 2485'-1555'.  
12-11-91 RAN CMT BOND LOG, TOC @ 1890'.  
12-13-91 SET 7" CMT RET @ 3020'. SQZD BELOW RET W/50 SXS C CMT, 6 SXS CMT ON TOP OF RET. CIRC HOLE W/10# MUD TO SURF. SET CIBP @ 2480'.  
12-14- THRU 12-16-91 SET 20 SXS C CMT ON TOP OF CIBP SET @ 2480'. PERF'D 850'-851' 8 HOLES. PERF'D 515'-516', 8 HOLES. SET CMT RET @ 745'. SQZD BELOW RET W/25 SXS C CMT, 6 SXS CMT ON TOP OF RET, CIRC'D CMT TO SURF. WELL PLUGGED AND ABANDONED.

Approved as to plugging of the well and  
Liability under contract for surface  
restoration is completed.

Post ID-2  
3-13-92  
P+H

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

SIGNED Maria F. Perez TITLE PRODUCTION ASST. DATE 2-12-92

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE REGIONAL ENGINEER DATE 2/21/92

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side