

UNIT STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLIC
(Other instructions on
reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC 028775(b)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 ☒ GAS ☐
WELL WELL OTHER

2. NAME OF OPERATOR

Southland Royalty Co. ✓

3. ADDRESS OF OPERATOR

1100 Wall Towers West, Midland, Texas 79701

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

At surface

Unit Letter F 1980' FNL 1980' FWL 35-17-29

7. UNIT AGREEMENT NAME

Robinson Jackson

8. FARM OR LEASE NAME

Robinson Jackson 2A

9. WELL NO.

Tract 22 No. 7

10. FIELD AND POOL, OR WILDCAT

Grayburg-Jackson

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

35-17S-29E

14. PERMIT NO.

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

3533 DF

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

<input checked="" type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

PULL OR ALTER CASING

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

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

1. Rig up pull rods.
2. Tag T.D. with tubing and strap out
3. Cleanout if necessary
4. Run 2 7/8" tubing and packer. Set packer @ 2860'
5. Fracture stimulate San Andres interval w/27,000 gals. Gelled KCL water and 103,000#'s sand
6. Shut-in overnight and commence load recovery

RECEIVED

MAY 14 1979

D. C. C.
ARTESIA, OFFICE

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

SIGNED

C. Harney Can

TITLE

District Engineer

DATE

5-2-79

(This space for Federal or State office use)

APPROVED BY

Lee D. Lara

TITLE

ACTING DISTRICT ENGINEER

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

DATE

5-2-79

MAY 3 1979

U.S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO