

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

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.)

NM OIL CONS. COMMISSION

Drawer DD

Artesia, NM 88210

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. LC-028775-B	
2. NAME OF OPERATOR Southland Royalty Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P.O. Box 51810, Midland, TX 79710-1810		7. UNIT AGREEMENT NAME Robinson Jackson Unit	
3a. AREA CODE & PHONE NO. (915) 688-6800		8. FARM OR LEASE NAME RJU Tr 1A	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 660' FNL & 660' FWL		9. WELL NO. 3	
14. PERMIT NO.		10. FIELD AND POOL, OR WILDCAT Grayburg Jackson 7R,Qn	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3561' GL.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 35, T17S, R29E	
		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"/>	WATER SHUT-OFF	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	FRACTURE TREATMENT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	(Other)	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
ABANDON*	<input checked="" type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
CHANGE PLANS	<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 POH w/pump and rods. RU BOPE. POH w/2 3/8" tubing. RIH w/2 7/8" tubing and bit to +/-2930'. POH. RIH w/gauge ring and junk basket to +/-2910'.

RIH w/7"-20# CIGR on 2 7/8" tubing and set @ +/-2900'. Test tubing to 1500 psi.

RU and cement w/50 sxs Class C cement below retainer. Dump 6 sxs Class C cement atop same. Circulate hole w/10 ppg gelled brine mud.

RIH w/7"-20# CIBP and set @ +/-2370'. Lay 25 sxs Class C cement atop same. POH

RU and RIH w/4" casing gun. Perforate w/4JHPF from 810'-811'. POH. RIH w/7"-20# CIGR on tubing and set @ +/-760'. Cement w/30 sxs Class C cement below retainer. Dump 6 sxs Class C cement atop same.

RU and RIH w/4" casing gun and perforate 505'-506' w/4JHPF. POH.

ND BOPE. RU cementing equipment and establish circulation down 7" casing w/fresh water. Mix and pump 150 sxs Class C cement and circulate to surface.

Cut off casing 3' below surface. Weld plate and abandonment maker as per regulations. Restore location as directed.

RECEIVED
JUN 23 10 51 AM '93
GAD
ARC

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

SIGNED		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	6/22/93
CONDITIONS OF APPROVAL, IF ANY:					

SEE ATTACHED

*See Instructions on Reverse Side