

Form 3160-5
(July 1989)
(Formerly 9-331)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVED
OFFICE FOR NUMERICAL
OF COPIES REQUIRED
(Other instructions on reverse
side)

BLM Roswell District
Modified Form No.
NM060-3160-4

dsf

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		6. IF INDIAN, ALLOTTEE OR TRIBE NAME INDIAN	
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 Tract 2A	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660' FNL & 660' FEL		9. WELL NO. 4	
10. FIELD AND POOL, OR WILDCAT Grayburg Jackson 7R,QN		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 35, 17S, 29E	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3563' 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:

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 checked="" type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<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 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 RIH w/2 7/8" tubing and bit to 3020'. RIH w/gauge ring and junk basket on sandline to +/- 3000'. RIH w/7"-20# CICR and set @ 3020'. Test tubing to 1500 psi. Cement sq. Grayburg Jackson open hole interval w/60 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 @ 2480'. Lay 25 sxs Class C CMT atop same.

RIH w/4" casing gun and perforate from 875'-876' 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 480'-481' 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 PRODUCITON ASSISTANT DATE 6/22/93

(This space for Federal or State office use)

APPROVED BY (ORIG. SGD) DAVID R. GLASS DATE 6/22/93
CONDITIONS OF APPROVAL, IF ANY:

SEE ATTACHED

*See Instructions on Reverse Side