

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVING
OFFICE FOR NUMBER
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(Other instructions on reverse
side)

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

451

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

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		Prayer DD Artesia, NM 88210		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		3a. AREA CODE & PHONE NO. (915) 688-6800		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 330' FSL & 330' FEL				8. FARM OR LEASE NAME Robinson FM 'B' Unit 3
				9. WELL NO. 3
				10. FIELD AND POOL, OR WILDCAT Grayburg Jackson 7R,Qn
				11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 35, T17S, R29E
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3542' 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:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input checked="" type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	(Other) <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. POH w/rods and pump. RU BOPE. POH w/2 3/8" tubing. RIH w/bit and 2 3/8" tubing to +/-2600'. POH. RU and RIH w/gauge ring and junk basket on sandline to 2600'.

RIH w/4-1/2"-10.5# CIBP on tubing and set @ +/- 2575'. Lay 25 sxs Class C cement atop CIBP. Circulate hole w/ 10ppg gelled brine. POH to +/- 1005'.

RU cementing equipment and cement w/40 sxs Class C cement across interval 425-1005'. POH to 370'.

Mix and pump a 25 sx Class C surface plug from 0-370'. POH.

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

RECEIVED
JUN 23 11:42 AM '93

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	DATE	
CONDITIONS OF APPROVAL, IF ANY:		

SEE ATTACHED

*See Instructions on Reverse Side