

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP  
(Other instructions on re-  
verse side)

Form approved.  
Budget Bureau No. 1004-0135  
Expires August 31, 1985

5. LEASE DESIGNATION **RECEIVED**

-NM 0467930

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

NOV 28 '89

7. UNIT AGREEMENT NAME

C. D.

8. FARM OR LEASE NAME

ARTESIA OFFICE  
Dale H. Parke "A" Tr. 1

9. WELL NO.

3

10. FIELD AND POOL, OR WILDCAT  
Grayburg-Jackson  
(SR, O, G, SA)

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

Sec 22 T-18-S R-30-E

14. PERMIT NO.

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

3345'

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

☐  
☐  
☐  
☐

PULL OR ALTER CASING

☐  
☐  
☐  
☐

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON\*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

☐  
☐  
☐  
☐

REPAIRING WELL

☐  
☐  
☐  
☐

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT\*

(Other) Change of Operator

X

(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.)

Previous Owner & Operator: Southland Royalty Co.  
Effective Date of Change: 7/1/89  
State Wide Federal Lease Bond #A R 71409-36  
w/American Employers Insurance Co.

RECEIVED

NOV 7 10 45 AM '89

ACCEPTED FOR RECORD

AUG 9 1989

CARLSBAD, NEW MEXICO

RECEIVED

AUG 23 11 13 AM '89

RECEIVED

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

SIGNED

TITLE

DATE

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side