

0157

NM OIL & GAS COMMISSION  
Drawer DD  
Alamogordo, NM 88310  
CONTACT RECEIVING  
OFFICE FOR NUMBER  
OF COPIES REQUIRED  
(Other instructions on reverse  
side)

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

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

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. UNIT AGREEMENT NAME Robinson Jackson Unit	
2. NAME OF OPERATOR Southland Royalty Company		8. FARM OR LEASE NAME RJu Tract 4	
3. ADDRESS OF OPERATOR P.O. Box 51810, Midland, TX 79710-1810	3a. AREA CODE & PHONE NO. (915) 688-6800	9. WELL NO. 32	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 990'FNL 2310' FWL		10. FIELD AND POOL, OR WILDCAT Grayburg Jackson 7R,Qn	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 34, T17S, R29E	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) G.L. 3517'	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"/>	

(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. LD same. Install BOPE. POH w/ 2 3/8" tubing. L/D same.  
RIH w/2-7/8" tubing workstring, bit and scraper to +/-2390'.  
Circulate hole w/ 10ppg brine mud. POH.

RIH w/5 1/2" CIBP on tubing and set at +/-2375'. Lay 25 sx Cl C cement atop CIBP.  
POH.

Prepare to lay cement plugs across salt intervals. RIH w/tubing open ended to 770'.  
RU cementing equipment. Lay 25 sxs Class C cement plug from 770' to 530'. POH w/tubing to 370'.  
RU cementing equipment. Pump 35 sxs Class C from 370' to surface. POH.

Cut off casing 3' below surface and place abandonment marker as per regulations. Restore location as directed.

RECEIVED  
JUN 11 1992  
OIL & GAS DIVISION

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

SIGNED	TITLE	DATE
<u>DAVID R. GLASS</u>	Production Asst.	6/12/92

(This space for Federal or State office use)

APPROVED BY (ORIG. SGD) DAVID R. GLASS	TITLE	DATE

CONDITIONS OF APPROVAL, IF ANY:

SEE ATTACHED