

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIPPLICATE\*  
(Other instructions on re-  
verse side)Form approved.  
Budget Bureau No. 42-R1424.

## 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"/>		RECEIVED		5. LEASE DESIGNATION AND SERIAL NO. LC-029020 - L	
2. NAME OF OPERATOR Southland Royalty Company		MAY 13 1980		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 1100 Wall Towers West, Midland, Texas 79701		O. C. D.		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		OFFICE		8. FARM OR LEASE NAME Dexter Federal	
2260' FSL, 2310' FEL, Sec. 15, T-17-S, R-30-E				9. WELL NO. 2	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3695.6'		10. FIELD AND POOL, OR WILDCAT Grayburg-Jackson (Q.G.SA)	
				11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA Sec. 15, T-17-S, R-30-E	
				12. COUNTY OR PARISH Eddy	
				13. STATE N.M.	

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 type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) Set 8 5/8" surface csg	X
(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.)\*

4-6-80 Spudded 12 1/4" hole @ 5:30 p.m., 4/6/80. Drill to 462'. Ran 12 jts 8 5/8" 24# K-55 ST&C csg (465'). Set @ 462' w/275 sxs Class C w/2% C.C. Did not circ. WOC 5 hrs. Dump 8 yds. ready mix concrete down backside of 8 5/8" csg. Fill up OK. WOC 18 hrs. Nipple up BOP. After 24 hrs WOC test csg & BOP to 1000# for 30 min. Held OK. Compressive strength of Class C w/2% C.C., after 24 hrs is 2275 psi @ 95°F. Drill ahead 7 7/8" hole.

RECEIVED

MAY 12 1980

U.S. GEOLOGICAL SURVEY  
ARTESIA, NEW MEXICO

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

SIGNED

Donald R. Craig

TITLE

District Production Engineer

DATE

4/16/80

(This space for Federal or State office use)

(Eng. Sgd.) GEORGE H. STEWART

APPROVED BY

TITLE

DISTRICT ENGINEER

DATE

MAY 12 1980

CONDITIONS OF APPROVAL, IF ANY: