

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

NEW OIL CONS. COMMISSION NM 0384575

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a new or old well. Use "APPLICATION FOR PERMIT—" for such proposals.)

RECEIVED

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		JUN 01 1983		5. LEASE DESIGNATION AND SERIAL NO. NM 0384575	
2. NAME OF OPERATOR Southland Royalty Company ✓		O. C. D. ARTESIA, OFFICE		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 21 Desta Drive, Midland, Texas 79701				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 1650' FSL & 2310' FWL, Sec. 15, T-17-S, R-30-E				8. FARM OR LEASE NAME Dale H. Parke "B" Tr. B	
				9. WELL NO. 2	
				10. FIELD AND POOL, OR WILDCAT Grayburg-Jackson (SR. Q, G, SA)	
				11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 15, T-17-S, R-30-E	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3691.9' GR		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) <input type="checkbox"/>	(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)		
(Other) Change Well Name & Number					
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.)*					

This form is filed to request the name change of the Dale H. Parke "A" Tr. 1 #12 to Dale H. Parke "B" Tr. B #2. Name change made to conform with previously established well nomenclature that was given to an existing well on this federal lease.

RECEIVED
MAY 3 1983
ROSWELL, NEW MEXICO
Filed 10-3
6-7-83
By Well House

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

SIGNED Peter W. Chester TITLE District Operations Engineer DATE 5/3/83

(This space for Federal or State Use)

APPROVED (Orig. Sgd.) PETER W. CHESTER

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

MAY 25 1983