

M.O.C.D. COPY
UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE
(Other instructions on reverse 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 depth. Use "APPLICATION FOR PERMIT—" for such proposals.)

RECEIVED

1. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		JUN 12 1981	
2. NAME OF OPERATOR Southland Royalty Company /		7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR 1100 Wall Towers West, Midland, Texas 79701		8. FARM OR LEASE NAME F.M. Robinson "B" Tr. 2	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660' FSL & 660' FEL Sec. 34, T-17-S, R-29-E		9. WELL NO. 2	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3533.4' GR	
		10. FIELD AND POOL, OR WILDCAT Grayburg-Jackson (SR,Q,G,SA)	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Ut-P Sec. 34, T-17-S, R-29-E	
		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:

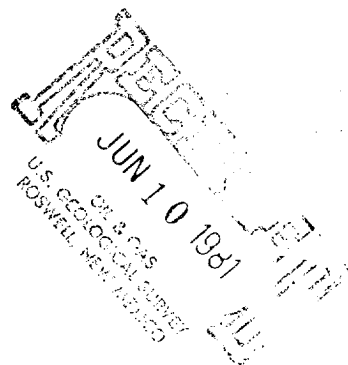
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <u>Set 8 5/8" Surface Csg</u> <input checked="" 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.)*

Spudded 12 1/2" hole @ 3:00 p.m. 6-3-81. Dr1 to 275'. Ran 7 jts 8 5/8" 24# K-55 ST&C csg. Set @ 275'. Cmt w/225 sxs C1 "C" Cmt w/ 2% CC. PD @ 11:50 a.m. 6-4-81. Ran 1" pipe down backside & tag bridge @ 50'. Cmt w/100 sxs Thix-set cmt. Did not circ. Cmt w/300 sxs C1 "C" w/2% CC. Circ 15 sxs. WOC 18 hr. Install BOP. Pressure test BOP & 8 5/8" csg to 1000psi for 30 min. Held Okay.



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

SIGNED R. A. Halber

TITLE Dist. Production Manager

DATE 6-5-81

(This space for Federal or State office use)

APPROVED BY ROGER A. CHAPMAN
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

ACCEPTED FOR RECORD
ROGER A. CHAPMAN
JUN 10 1981
U.S. GEOLOGICAL SURVEY
ROSWELL, NEW MEXICO

*See Instructions on Reverse Side