

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

NM OIL CONS. COMMISSION
Drawer DD
SUBMIT IN TRIPPLICATE*
Artesia, New Mexico 88210
(other 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"/>		FEB 28 1983		5. LEASE DESIGNATION AND SERIAL NO. LC-029020(a)	
2. NAME OF OPERATOR Southland Royalty Company ✓		O. C. D.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 21 Desta Drive, Midland, Texas 79701		ARTESIA, OFFICE		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 990' FSL & 1650' FWL, Sec. 15, T-17-S, R-30-E				8. FARM OR LEASE NAME Dale H. Parke "A" Tr. 1	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3679.9' GR		9. WELL NO. 14	
				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	
				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:

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"/>	

SUBSEQUENT REPORT OF:

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) Set 5 1/2" Production csg <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.) *

Drilled 7 7/8" hole to 3580'. CCM. Ran 103 jts 5 1/2" csg. Set @ 3580'. Cmt w/1000 sxs Lite weight cmt & 300 sxs 50-50 Poz Mix. PD @ 9:40 P.M. 2/20/83. Did not circ. Set slips on 5 1/2" csg. Cut off csg. RDP. Rltd rig @ 2:00 AM 2/21/83. TOC @ 885' by Temp Survey.

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

SIGNED

F. n. Raul

TITLE: District Operations Engineer DATE: 2/23/83

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL IF ANY

(ORIG. SGD.) DAVID R. GLASS

FEB 24 1983

MINERALS MANAGEMENT SERVICE
ROSWELL, NEW MEXICO

See Instructions on Reverse Side

RECEIVED
FEB 24 1983
MINERALS MANAGEMENT SERVICE
ROSWELL, NEW MEXICO