

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

NM OIL CONS. CC
Dr. [unclear] IN TRIPL. [unclear]
(Other instructions on re-
lease side, NM 88210)

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 an adjacent reservoir.
Use "APPLICATION FOR PERMIT" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		JUN 01 1983	
2. NAME OF OPERATOR Southland Royalty Company		O. C. D.	
3. ADDRESS OF OPERATOR 21 Desta Drive, Midland, Texas 79701		ARTESIA, OFFICE	
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		5. LEASE DESIGNATION AND SERIAL NO. LC-029020 (a)	
14. PERMIT NO.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3679.9' GR		7. UNIT AGREEMENT NAME	
		8. FARM OR LEASE NAME Dale H. Parke "A" Tr. 2	
		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.	

18. 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"/>	
(Other) Change Well Name <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.)*

This form is filed to request the name change of the Dale H. Parke "A" Tr. ² #14 to Dale H. Parke "A" Tr. 2 #14. Name change made to conform with previously established well nomenclature that was given to an existing well on this federal lease.

*Posted 5/3/83
Chg. Well name*

ROSWELL, NEW MEXICO

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

SIGNED FRM TITLE District Operations Engineer DATE 5/3/83

(This space for Federal or State Approval)

APPROVED
(Original) PETER W. CHESTER
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____ DATE _____

MAY 25 1983

*See Instructions on Reverse Side