

UNITED STATES **Artesia, NM 88210**
DEPARTMENT OF THE INTERIOR **SUBMIT ON DUPLICATE***
(Other instructions on reverse side)
GEOLOGICAL SURVEY

Form approved.
Budget Bureau No. 42-R1424.**SUNDRY NOTICES AND REPORTS ON RECEIVED**(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"/>		MAR 17 1983		5. LEASE DESIGNATION AND SERIAL NO. NM-21888	
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 2615' FEL & 1345' FSL, Sec. 34, T-17-S, R-29-E				8. FARM OR LEASE NAME E. M. Robinson "B" Tr. 1	
				9. WELL NO. 2	
				10. FIELD AND POOL, OR WILDCAT Grayburg-Jackson (Q,SR,SA,G)	
				11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 34, T-17-S, R-29-E	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3506.9' 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:

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 8 5/8" Surface Casing <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 1/4" hole @ 2:00 PM 3/4/83. Drl to 360'. CCM. Ran 8 5/8" csg & set @ 360'. Cmt w/400 sxs C1 "C" cmt. PD @ 10:00 PM 3/4/83. Circ 90 sxs. Cut off 8 5/8" csg. Install casinghead. Installed BOP. Drilling ahead w/7 7/8" bit. Test csg & BOP to 1000#.

RECEIVED

MAR 10 1983

OIL & GAS
MINERALS MGMT. SERVICE
ROSWELL, NEW MEXICO

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

SIGNED

EnR

TITLE

District Operations Engineer

DATE

3/8/83

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

(ORIG. SGD.) DAVID R. GLASS

DATE

MAR 15 1983

MINERALS MANAGEMENT SERVICE
ROSWELL, NEW MEXICO

See Instructions on Reverse Side