

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse 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 <input type="checkbox"/> GAS <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. LC-067132
2. NAME OF OPERATOR Southland Royalty Company ✓		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 1100 Wall Towers West 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 660' FNL & 1980' FWL, Sec. 27, T-18-S, R-29-E		8. FARM OR LEASE NAME Empire Fed "A" Comm.
14. PERMIT NO.		9. WELL NO. 1
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3558.2 Gr		10. FIELD AND POOL, OR WILDCAT North Turkey Track Undesignated Morrow
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA u/c Sec. 27, T-18-S, R-29-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 :		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) Set 11 3/4" surface csg	X
(Other) <input 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.)\*

Spud 15" hole @ 2:30 a.m., 5/3/80. Drill to 350'. Ran 8 jts 11 3/4", 42# H-40, ST&C csg (371') set @ 350'. Cmt w/275 sxs C1 "C" neat. PD @ 1:15 p.m., 5/4/80. No circ. Filled back side w/7 1/2 yard ready mix concrete. Filled up okay. Install 11 3/4" X 12" 3000# csg head. Installed BOP. WOC 18 hrs. NU BOP after 24 hrs. Pressure test 11 3/4" csg & BOP to 1000# for 30 min. Held okay. Compression strength of C1 "C" neat after 24 hr is 2015 psi @ 95°F. Drill ahead w/11" bit.

RECEIVED

MAY 19 1980

O. C. D.  
ARTESIA, OFFICE

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

SIGNED Donald R Crang

TITLE District Production Engineer DATE 5/10/80

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

DATE \_\_\_\_\_