

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

N.M.O.C.D. COPY

SUBMIT IN TRIPLI
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 030752

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

21A Fed
Empire Federal "21A", COM

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT
North Turkey Track
Undesignated (Morrow)11. SEC., T., R., M., OR BLE. AND
SURVEY OR AREA4L-C
Sec. 21, T-18-S, R-29-E

12. COUNTY OR PARISH

13. STATE

Eddy

NM

1. OIL
WELL ☐ GAS
WELL ☒ OTHER

2. NAME OF OPERATOR

Southland Royalty Company

3. ADDRESS OF OPERATOR

1100 Wall Towers West, Midland, Texas 79701

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface660' FNL & 1980' FWL
Section 21, T-18-S, R-29-E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3517' GR

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

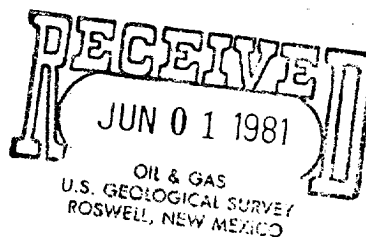
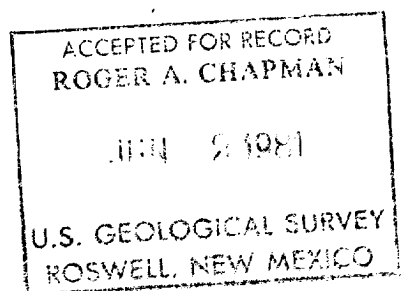
ABANDONMENT*

(Other) Set 11 3/4" Surface Csg

(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 17 1/2" hole @ 6:30 p.m. 5-22-81. Drl to 232'. Ran 6 jts 11 3/4" 42# H-40 ST&C Csg. Set @ 232'. Cmt w/350 sxs Cl "C" w/2% CaCl. PD @ 2:40 a.m. 5-23-81. Circ 70 sxs Cmt. WOC 18 hr. Install BOP. Test BOP and 11 3/4" csg. to 1000 psi for 30 min. Held Okay. Drl ahead w/11" bit.



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

SIGNED

TITLE District Operation Engineer DATE 5-28-81

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: