

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

OIL CONS. COMMISSION
SUBMIT IN TRIPPLICATE
Instructions on re-
verse side
Artesia, NM 88210

Form approved.
Budget Bureau No. 42-R1424.

C/SF

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.)

RECEIVED

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR Southland Royalty Company ✓		8. FARM OR LEASE NAME Holly/Federal "5"	
3. ADDRESS OF OPERATOR 1100 Wall Towers West, Midland, Texas 79701		9. WELL NO. 1	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FEL & 760' FSL, Sec. 5, T-18-S, R-30-E		10. FIELD AND POOL OR WILDCAT Undesignated (Morrow)*	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3553.1' GR	
		11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA Sec. 5, T-18-S, R-30-E	
		12. COUNTY OR PARISH Eddy	13. STATE N.M.

MAY 14 1982

O. C. D.
ARTESIA, OFFICE

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 13 3/8" Surface 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.)*

Spudded 17½" hole 3-30-82. Drilled to 290'. Ran 7 jts 13 3/8" 48# H-40 ST&C csg. Set @ 290'. Cmt'd w/500 sxs Class "C". Circ 15 sxs. Cmt fell back. Filled backside w/5 yds Ready-Mix concrete. Cut off 13 3/8" csg. Install 13 3/8" x 12" 3000# head.

*NOTE: Corrected zone from Atoka to Morrow.

RECEIVED
APR 5 1982

OIL & GAS
U.S. GEOLOGICAL SURVEY
ROSWELL, NEW MEXICO

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

SIGNED Key Raul

TITLE District Operations Engineer DATE 4-1-82

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____ DATE _____

ACCEPTED FOR RECORD

MAY 13 1982

U.S. GEOLOGICAL SURVEY
ROSWELL, NEW MEXICO

*See Instructions on Reverse Side