

UNITED STATES DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY
Artesia, NM 88210

NM OIL & GAS COMMISSION
(Other instructions on reverse 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 WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Water Injection Well		5. LEASE DESIGNATION AND SERIAL NO. LC-058709A	
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.* At surface 1980' FSL & 660' FWL, Sec. 12, T-18-S, R-31-E		8. FARM OR LEASE NAME Taylor Unit	
14. PERMIT NO.		9. WELL NO. 4	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3755' GR		10. FIELD AND POOL, OR WILDCAT Shugart (Y,SR,Q,G)	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 12, T-18-S, R-31-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:

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) <input checked="" type="checkbox"/> Temporarily Abandon	

(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.)

1. MIRU. PU 7" Baker AD pkr on 2 7/8" tbg.
2. RIH, set pkr & tst casing to 500#. Csg held.
3. Unseat pkr. Pull to 11' below ground level. Tst to 500#. Csg held.
4. Unseat pkr. Moved to 9' below ground level. Reset pkr. Csg would not tst.
5. Hole in 7" csg 10' below ground level, 5' below top of 8 5/8" surface csg.
6. Pipe bleeder line off 8 5/8" to ground level.
7. Rid down.

Verbal approval by: Mike Williams

RECEIVED
JUN 14 1982

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

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

SIGNED F.N. RAD by D. Roberts TITLE District Operations Engineer DATE 6/11/82

(This space for Federal or State office use)

APPROVED BY (Orig. Sgd.) PETER W. CHESTER

CONDITIONS OF APPROVAL IF ANY:

JUN 30 1982

FOR
JAMES A. GILLHAM*
DISTRICT SUPERVISOR

APPROVED FOR 12 MONTH PERIOD
ENDING JUN 30 1983
See Instructions on Reverse Side