

Driller ID
Ar. Lic. NM 88210

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC 058709A

RECEIVED

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

JAN 27 1982

7. UNIT AGREEMENT NAME

O. C. D.

8. FARM OR LEASE NAME ARTESIA, OFFICE

Taylor Unit

9. WELL NO.

7

10. FIELD AND POOL, OR WILDCAT

Shugart (Y, SR, O, G)

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 12, T. 18 S., R. 31 E.

12. COUNTY OR PARISH 13. STATE

Eddy

NM

1. OIL ☐ GAS ☐ OTHER ☒ Water Injection

2. NAME OF OPERATOR

Southland Royalty Company

3. ADDRESS OF OPERATOR

1100 Wall Towers West, Midland, TX 79701

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)

At surface 660' FSL, 1980' FWL Sec. 12, T. 18 S., R. 31 E.

14. PERMIT NO.

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

3750' 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) Set CIBP Per Division Rule 705A ☒

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

REPAIRING WELL ☐

FRACTURE TREATMENT ☐

ALTERING CASING ☐

SHOOTING OR ACIDIZING ☐

ABANDONMENT* ☐

(Other) ☐

(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. POH W/tbg & pkr.
2. Set CIBP @ 3300'
3. Load hole w/treated water.

RECEIVED
JAN 25 1982

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

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

SIGNED

TITLE Dist. Prod. Mgr.

DATE 1-22-82

(This space for Federal or State office use)

(Orig. Sgd.) PETER W. CHESTER

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

JAN 26 1982

FOR

JAMES A. GILLHAM
DISTRICT SUPERVISOR

See Instructions on Reverse Side