

NM OIL CONS. COMMISSION

DEPARTMENT OF THE INTERIOR

ARTESIAN WELL 88216

DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVED
OFFICE FOR NUMBER
OF COPIES REQUIRED
(Other instructions on reverse
side)

BLM Roswell District
Modified Form No.
NM060-3160-4

Form 3160-5
(July 1989)
(Formerly 9-331)

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NM055648	
2. NAME OF OPERATOR SOUTHLAND ROYALTY COMPANY		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P.O. Box 51810, Midland, TX 79710-1810		7. UNIT AGREEMENT NAME	
3a. AREA CODE & PHONE NO. 915-688-6800		8. FARM OR LEASE NAME KEOHANE ET AL FEDERAL	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface SW/SW, SEC. 28, T-18-S, R-31-E 1980/5 & 660/W		9. WELL NO. 1 & 2	
14. PERMIT NO.		10. FIELD AND POOL, OR WILDCAT	
15. ELEVATIONS (Show whether DF, RT, GR, etc.)		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 28, 18S, 31E	
		12. COUNTY OR PARISH EDDY	
		13. STATE NM	

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)			

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) CHANGE OF OPERATOR			<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.)*

EFFECTIVE 3/1/79, CHANGE OF OPERATOR TO SOUTHLAND ROYALTY COMPANY FROM SHANANDOAH OL CORPORATION.

ACCEPTED FOR RECORD

22 1993

RECEIVED
JUN 22 11 20 AM '93
CARTER AREA

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

SIGNED [Signature] TITLE PRODUCTION ASSISTANT DATE 6/21/93

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side