

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE
(Other instructions on
verse side)

Form approved.
Budget Bureau No. 42-R1424.

SUNDRY NOTICES AND REPORTS ON **RECEIVED**

(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. <input type="checkbox"/> 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-029387-C	
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.* See also space 17 below.) At surface 660' FNL & 1980' FEL, Sec. 29, T-18-S, R-31-E, Unit Letter B		8. FARM OR LEASE NAME Shugart (APCO) A	
14. PERMIT NO.		9. WELL NO. 2	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3620' DF		10. FIELD AND POOL, OR WILDCAT Shugart (Y, SR, O, GB)	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 29, 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) Acidize & restore to injection XX			

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) _____			

(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. Dig pit. Flow down well if necessary.
2. Call NMOCC (Artesia).
3. MIRU PU. Install BOP. Release pkr & tag TD. POOH. (If much fill indicated, call Midland).
4. RIH w/pkr & 120' tail pipe on work string to +3620'. Spot 15% HCL from 3620-3500'. Pull pkr & set @ +3360' (tail pipe @ 3480'). Let acid soak 1 hr.
5. Acidize w/1000 gal 15% HCL w/NEFE & Xylene additive in 2-500 gal stages diverted w/+200# RS @ 3 BPM. Max Press = 1000 psi. Flush to BTM pf.
6. Swb back load. Release pkr & POOH.
7. RIH w/straddle assembly and +60' tailpipe. Set BP @ +3400'. Pull up tailpipe to 3294' & spot acid to +3200'.
8. Pull pkr to 3150' & set (tailpipe to 3210'). Let acid soak 1 hr.
9. Acidize w/1000 gal 15% HCL w/NEFE & Xylene additives in 2-500 gal stages diverting w/+200# RS @ 3 BPM. Max Press = 1000 psi. Flush to BTM perf.
10. Swb back load. POOH w/straddle assembly. Lay down work string.
11. RIH w/injection equipment as before workover. Return to injection.

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

SIGNED Jerry N. Raul TITLE District Operations Engineer DATE 6-9-82

(This space for Federal or State office use)

APPROVED BY PETER W. CHESTER
CONDITIONS OF APPROVAL, IF ANY:
(Orig. Sgd.)

JUN 11 1982

FOR
JAMES A. GILLHAM
DISTRICT SUPERVISOR

*See Instructions on Reverse Side

