Form 9-331 (May 1963)

## UNITED STATES DEPARTMENT OF THE INTERIOR SIGNM 88210

GEOLOGICAL SURVEY

NM OIL CONS. COMMISSION Drawothed in TRIPLICATE.

Form approved. Budget Burenu No. 42-R1424. 5. LEASE DESIGNATION AND SERIAL NO.

| TO | _^ | 20 | 30 | 7_x |
|----|----|----|----|-----|

| -  | •  | 0233    | ٠.  |       |    |       |      |
|----|----|---------|-----|-------|----|-------|------|
| 6. | IF | INDIAN, | ALL | OTTEE | OR | TRIBE | NAME |

|   |   | , 20 02300  |  |  |  |
|---|---|---|--|--|--|
| (Do not use this form for prope   | TICES AND REPORTS ON WELLS osals to drill or to deepen or plug back to a different reservoir. | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME                                      |  |  |  |
| OIL GAS OTHER   | Water Injection Well  | 7. UNIT AGREEMENT NAME  |  |  |  |
| 2. NAME OF OPERATOR  Southland Royalty  | Company   | 8. FARM OR LEASE NAME Shugart "A"   |  |  |  |
| 3. ADDRESS OF OPERATOR 21 Desta Drive, M  | idland, Texas 79701      24'89  | 9. WELL NO. 8   |  |  |  |
| 4. LOCATION OF WELL (Report location<br>See also space 17 below.)<br>At surface | 10. FIELD AND POOL, OR WILDCAT Shugart (Y,SR,Q,G)   |   |  |  |  |
| 330, EPT # 5380.  | FWL, Sec. 29, T-18-S, R-31-E  | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  Sec. 29, T-18-S, R-31-H |  |  |  |
| 14. PERMIT NO.  | 15. ELEVATIONS (Show whether DF, RT, GR, etc.) Unknown  | 12. COUNTY OR PARISH 13. STATE Eddy N.M.                                  |  |  |  |
| 16. Check A   | ppropriate Box To Indicate Nature of Notice, Report, o  | or Other Data   |  |  |  |
| NOTICE OF INTE  | NTION TO: SUB   | SUBSEQUENT REPORT OF:   |  |  |  |

| NOTICE OF INTENTION TO: |  |                      | 1 | SUBSEQUENT REPORT OF: |                       |                  |   |   |
|-------------------------|--|----------------------|---|-----------------------|-----------------------|------------------|---|---|
| TEST WATER SHUT-OFF     |  | PULL OR ALTER CASING |   | ] [                   | WATER SHUT-OFF        |                  | REPAIRING WELL  | _ |
| FRACTURE TREAT          |  | MULTIPLE COMPLETE    |   |                       | FRACTURE TREATMENT    |                  | ALTERING CASING                                       |   |
| SHOOT OR ACIDIZE        |  | ABANDON*             |   |                       | SHOOTING OR ACIDIZING |                  | ABANDON MENT*   | X |
| REPAIR WELL             |  | CHANGE PLANS         |   |                       | (Other):              |                  |   |   |
| (Other)                 |  |                      |   |                       | (Note: Report resi    | ılts of<br>mplet | multiple completion on Well ion 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. MIRUPU. POH w/2" plastic coated tbg & pkr. GIH w/work string & pkr. Locate hole in csg 150-170'. GIH w/cmt retainer & set @ 2541'. Pump 100 sxs. Class "C" cmt. Squeeze perfs 2590-2610' to 2100#. Left 40' cmt on retainer. POH.
- 2. GIH to perf. Ran Cement Bond log. TOC @ 1795'. GIH w/tbg. Spot cmt plug from 2486-1800' (50 sxs Class "C" cmt). Circ hole w/10# mud. POH.
- 3. Tag cmt @ 1690'. Perf 4 squeeze holes @ 550'. Ran tbg & pkr to 430'. Circ thru sqz holes to surface. Pull pkr to 220'. Set pkr & pump 225 sxs Class "C" cmt. Circ 5 sxs. Released pkr & load csg w/cmt. POH w/tbg & pkr. Cut off Wellhead. Weld plate on csq. Installed well marker. Cleaned location. P&A'd 10-7-82.

Post 25/83

OCT 13 1982

OIL & GAS MINERALS MGMT. SERVICE ROSWELL, NEW MEXICO

| 18. I hereby certify that the foregoing is too and correct SIGNED                        | TITLE District Operations Eng.    | ineer <sub>DATE</sub> 10-13-82 |
|--|-----------------------------------|--------------------------------|
| (This space for Federal or State office use)  APPROVED BY CONDITIONS OF APPROVAL, IF MY: | FOR: CHAIF, MANIA LA ELLICIPPE ME | DATE 7-20 89                   |