

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

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

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

CLSF

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. LC-029387-A	
2. NAME OF OPERATOR SOUTHLAND ROYALTY COMPANY		6. IF INDIAN, ALLOTTEE OR TRIBE NAME SSS	
3. ADDRESS OF OPERATOR P.O. Box 51810, Midland, TX 79710-1810		7. UNIT AGREEMENT NAME	
3a. AREA CODE & PHONE NO. 915-688-6906		8. FARM OR LEASE NAME SHUGART "A"	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface M, 330' FSL & 990' FWL		9. WELL NO. 1	
14. PERMIT NO.		10. FIELD AND POOL, OR WILDCAT SHUGART (Y-7R-QN-GB)	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) NOT AVAILABLE		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 29, T-18-S, R-31-E	
		12. COUNTY OR PARISH EDDY	13. STATE N.M.

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input checked="" type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) ADDED PERFS, ACID., & FRAC'D. <input checked="" type="checkbox"/>	
(Other) <input 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.)*

ADDED YATES PERFS, ACIDIZED AND FRACTURE STIMULATED.

10-31-91 TOH W/RODS & TBG.

11-01-91 RAN GR/CCL LOG 3600'-2000'. PERF'D YATES 2594'-2620', 2SPF, 28 HOLES.

11-02-91 THRU 11-04-91 BROKE DOWN PERFS W/110 GALS SP-358, 330 GALS 2% KCL, FOLLOWED W/1000 GALLONS 7-1/2% NEFE HCL PLUS 56 BS. FRAC'D YATES W/17000 GALLONS 40# BORATE X-LINKED GEL & 54, 000# 12/20 BRADY SAND.

11-05-91 THRU 11-20-91 WASHED SAND. SWEDGE CASING. RIH W/ 2-3/8" PRODUCTION TUBING. RIH W/2" X 1-1/2" X 15' RHBC PUMP. TURN WELL TO PRODUCTION.

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

SIGNED

Maria L. Perry

TITLE

PRODUCTION ASST.

DATE

12-30-91

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

7 1992
SSS

***See Instructions on Reverse Side**