

MERIDIAN OIL

REC- 50

OCT 20 1992

**O. C. D.
ARTERIAL CORP.**

October 14, 1992

Bureau of Land Management
P.O. Box 1778
Carlsbad, NM 88221-1778

**RE: 3160-5 SUNDRY NOTICE
SUBSEQUENT REPORT CONVERTING TO YATES WIW
SHUGART A NO. 4
SHUGART (YATES, SEVEN RIVERS, QUEEN, GRAYBURG)
UNIT K, SEC 29, T18S, R31E
EDDY COUNTY, NM
#029387A**

Gentlemen:

Please find enclosed 3160-5 Notice of Subsequent Report to convert the above referenced well to Yates water injection. If you need any information, please call me at 915/688-6943.

Sincerely,



C. Kurt Stropoli
Production Assistant

xc: Well File
Don McBee
Land (2)
Jt. Interest
Resv. Engineer
Prod. Engineer
Geologist
Field Office - Hobbs
Richard Atchley
Michele Alcantara - Houston Corp.
Debbie Manley - Ft. Worth Office
Regulatory File

OCD

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

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"/>		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR SOUTHLAND ROYALTY CO. ✓		8. FARM OR LEASE NAME SHUGART A	
3. ADDRESS OF OPERATOR P.O. Box 51810, Midland, TX 79710-1810		3a. AREA CODE & PHONE NO. 915/688-6800	9. WELL NO. 4
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface UNIT K: 1980 FSL & 2310' FWL, SEC. 29, T-18-S, R-31-E, LEA CO., NM 1650'		10. FIELD AND POOL, OR WILDCAT SHUGART (Y, SR, Q, G)	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SEC 29, T18S, R31E	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3630 DF (EST)	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:

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 type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) CONVERTING TO YATES WIW <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.)*

5/27/92 MIRU. POOH W/ RODS & PUMP. ND WH. NU BOP. POOH.
5/28/92 RIH W/ 4-3/4" BIT & SCRAPER. TRIP & REMOVE SCRAPER. REVERSE CIRC & WORK THROUGH TIGHT SPOT. TRIP FOR SCRAPER & RIH TO 3200'. TOH LD TBG.
5/29/92 RUN GR/CCL STRIP 2700-2000'. SET CIBP @ 3200'. STRESS FRAC PERFS FROM 2538-2554'. RIH W/ PLASTIC COATED BAKER LOCKSET PKR & ON-OFF TOOL ON 80 JTS 2-3/8" TBG (IPC). TIH W/ AD-1 PKR & SET @ 2408'.
5/30/92 POOH W/ AD-1 PKR. TIH. SET RBP @ 2488'. TOH. TIH & SET PKR @ 630'. TEST ABOVE AND BELOW PKR TO 500#. RETRIEVE BR. TIH W/ AD-1 PKR, DISPLACE ANN W/ PKR FLUID. SET PKR @ 2488'. PUMP & DISPLACE 330 GAL 2% KCL W/ 25% SP358 THRU PERFS, ND BOP & NU WH, RDMOSU.

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

SIGNED _____ TITLE PRODUCTION ASSISTANT DATE 10/13/92

(This space for Federal or State office use)

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

*See Instructions on Reverse Side