

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

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

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

CLSF

5. LEASE DESIGNATION AND SERIAL NO.
LC-029387A

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"/>		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		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, EDDY 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) <input type="checkbox"/>	(Other) <input type="checkbox"/>
(Other) CONVERT TO YATES WIW <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.)*

* WORK WAS PERFORMED ON 5/30/92. DUE TO OVERSIGHT, SUNDRY OF INTENT WAS NOT FILED.

1. MIRU PU. POH WITH RODS & SUBS. ND WELLHEAD. NU BOP. POH WITH TUBING.

2. RIH WITH BIT AND SCRAPER ON PRODUCTION TUBING TO +/- 3250' TO CHECK FOR OBSTRUCTIONS. POH.

3. RU WIRELINE COMPANY. SET CIBP AT +/- 3200' (ABOVE THE QUEEN, PENROSE, AND PREMIER PERFORATIONS).

4. RIH WITH A GR/CCL TOOL AND LOG FROM +/- 2700' TO 2000'. RIH WITH STRESS FRAC TOOL, POSITION TOOL AT 2538-2554'. IGNITE STRESS FRAC TOOL.

5. RIH WITH BAKER LOC-SET PAKER ON 2500' OF 2-3/8" TUBING AND SET PACKER. TEST CASING TO 300 PSI FOR 5 MINUTES. PUMP TWO DRUMS OF TRETOLITE SP358 25% SOLUTION MIXED WITH 330 GALLONS OF 2% KCL DOWN TUBING. DISPLACE WITH 30 BBLs OF 2% KCL. CIRCULATE THE WELLBORE WITH PACKER FLUID (42 GALLONS OF KW170 AND 2 GALLONS OF K490 PER 100 BBLs OF 2% KCL-TRETOLITE). SET PACKER AT +/- 2500'.

6. ND BOP, NU WH, RDMO PU. TURN TO OPERATIONS TO ESTABLISH INJECTION RATE OF 500 BWPD.

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

SIGNED

C. K. H. H. H. H. H.

TITLE

PRODUCTION ASSISTANT

DATE

11/13/92

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

12/15/92

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side