

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Drummer DD
Ar, Ia, NM 88210

SUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC-029387 (b)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Shugart "C"

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Shugart (Y,SR,Q,G)

11. SEC., T., R., M., OR BLE. AND
SUEVEY OR AREA

Sec. 30, T-18-S, R-31-E

12. COUNTY OR PARISH

Eddy

13. STATE

N.M.

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Southland Royalty Company ✓

3. ADDRESS OF OPERATOR

21 Desta Drive, Midland, Texas 79701

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface

330' FSL & 330' FEL, Sec. 30, T-18-S, R-31-E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

Unknown

16. Check Appropriate Box To Indicate Nature of ~~Work~~ ^{Analysis, Report}, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☒
REPAIR WELL ☒
(Other) ☐

PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
ABANDON* ☐
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐
FRACTURE TREATMENT ☐
SHOOTING OR ACIDIZING ☐
(Other) ☐
REPAIRING WELL ☐
ALTERING CASING ☐
ABANDONMENT* ☐

(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 well down. Notify NMOC.
2. MIRUPU. Install BOP.
3. Run csg inspection log. Tag TD.
4. Run & set RBP @ + 3170'. Spot sand on top.
5. RIH w/pkr & locate leaks & test.
6. Set cmt retainer @ + 50' above csg leak. Cmt sqz w/salt saturated lite cmt across salt section followed w/Class "C" w/2% CaCl₂. (Exact procedure dependent on location of leak).
7. Drl out ret & cmt. Press & swb test sqz job. Clean sand off RBP & POH.
8. Clean out any fill & have analyzed.
9. Isolate pfs 3452-3518'. Acdz w/1000 gal 15% HCl @ + 3 BPM w/54 BS to divert. Swb load back.
10. Isolate pfs 3204-30'. Acdz w/1000 gal 15% HCl @ + 3 BPM w/ 54 BS to divert. Swb load back.
11. POH w/RBP & pkr. RIH w/production equip. Return to pumping.

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

SIGNED F.N. RAD by S. Roberts

TITLE District Operations Engineer DATE 11-19-82

(This space for Federal or State office use)

APPROVED (Off. Seal) PETER W. CHESTER

TITLE

DATE

CONDITIONS OF APPROVAL IF ANY:

FOR

JAMES A. GILLHAM
DISTRICT SUPERVISOR

*See Instructions on Reverse Side