

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN ☒ DUPLICATE
(Other instr. as on re-
verse side)

Form approved.
Budget Bureau No. 1004-
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.
LC-029390 029387-B
6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 ☒ GAS WELL ☐ OTHER ☐
2. NAME OF OPERATOR Southland Royalty Company
3. ADDRESS OF OPERATOR 21 Desta Drive, Midland, Tx 79705
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface 1650 FSL & 1660' FEL, Sec. 30, T-18-S, R-31-E
14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3520'
FEB 08 '88
O. C. D.
ARTESIA, OFFICE

7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME Shugart "C"
9. WELL NO. 4
10. FIELD AND POOL, OR WILDCAT Shugart (Y, SR, Q, G)
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 30, T-18-S, R-31-E
12. COUNTY OR PARISH Eddy
13. STATE N.M.

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"/>	WATER SHUT-OFF	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	FRACTURE TREATMENT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input type="checkbox"/>
REPAIR WELL	<input checked="" type="checkbox"/>	(Other)	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
CHANGE PLANS	<input type="checkbox"/>		

(Other) _____
(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.) *

See attached procedure

RECEIVED
FEB 10 1988
BUREAU OF LAND MANAGEMENT

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

SIGNED Cathy Hobbs TITLE Operations Tech III DATE 1/29/88

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE 2-5-88

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side