

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

NM OIL CONS. COM. ACTION  
SUBMIT IN TRIPLICATE  
Draw other instructions on re-verse side  
Artesia, NM 88210

Form approved  
Budget Bureau No. 00-01124  
RECEIVED

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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Water Injection Well		5. LEASE DESIGNATION AND SERIAL NO. 91-029387-D
2. NAME OF OPERATOR Southland Royalty Company /		6. IF INDIAN, ALLOTTEE OR TRIBAL NAME O. C. D. ARTESIA, OFFICE
3. ADDRESS OF OPERATOR 1100 Wall Towers West, Midland, Texas 79701		7. UNIT AGREEMENT NAME Kenwood Federal (Maver)
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 330' FSL & 2154' FWL, Sec. 19, T-18-S, R-31-E		8. FARM OR LEASE NAME Kenwood Federal (Maver)
14. PERMIT NO.		9. WELL NO. 1
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3618' GR		10. FIELD AND POOL, OR WILDCAT Shugart (SR, O, G, Y)
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 19, T-18-S, R-31-E
		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:

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

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<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.)\*

1. Notify NMOCC prior to RU. SI injection. Monitor tbg & tbg-csg annulus press. Dig pit & flow well dwn while recording tbg-csg annulus press.
2. If annulus press is directly related to tbg press, call the NMOCC (Mike Williams) & discuss if pulling tbg is necessary.
3. If the annulus press remains constant while SI & flow dwn conditions, proceed w/following.
4. MIRU PU. Install BOP. Release pkrs & tag PBTD. POH.
5. Run cmt bond log w/collar locator from TD to surface.
6. Run csg inspection log from TD to surface.
7. RIH w/straddle assembly on 2 7/8 WS & confirm possible holes w/number of holes & PU in rates, contact Midland for cmt recommendation.

APPROVED  
(Orig. Sgd.) PETER W. CHESTER  
APR 29 1982  
FOR  
JAMES A. GILLHAM  
DISTRICT SUPERVISOR

RECEIVED  
APR 28 1982  
OIL & GAS  
U.S. GEOLOGICAL SURVEY  
ROSWELL, NEW MEXICO

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

SIGNED

*Frey Rod*

TITLE District Operations Engineer DATE 4/28/82

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

FORM COMPLETED BY: Cathy Nokes 915/682-8641

\*See Instructions on Reverse Side