

NM OIL CONS. COMMISSION  
UNITED STATES DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

Form approved.  
Budget Bureau No. 42-R1424.

## 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.)

<p>1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> <u>Water Injection Well</u></p> <p>2. NAME OF OPERATOR <u>Southland Royalty Company</u></p> <p>3. ADDRESS OF OPERATOR <u>21 Desta Drive, Midland, Texas 79701</u></p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <u>330' FSL &amp; 2154' FWL, Sec. 19, T-18-S, R-31-E</u></p> <p>14. PERMIT NO.</p>	<p>5. LEASE DESIGNATION AND SERIAL NO. <u>LC-029387-D</u></p> <p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</p> <p>7. UNIT AGREEMENT NAME</p> <p>8. FARM OR LEASE NAME <u>Kenwood Federal (Mayer)</u></p> <p>9. WELL NO. <u>1</u></p> <p>10. FIELD AND POOL, OR WILDCAT <u>Shugart (SR,Q,G,Y)</u></p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec. 19, T-18-S, R-31-E</u></p> <p>12. COUNTY OR PARISH <u>Eddy</u></p> <p>13. STATE <u>N.M.</u></p>
<p>15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>3618' GR</u></p>	

RECEIVED BY

SEP 07 1983

O. C. D.

ARTESIA, OFFICE

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 checked="" 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"/>

(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. When tubing-casing annulus is open will flow 6-8 oz/day.
2. Could not pump into annulus.
3. No further work needed to test for a casing leak as per verbal approval by Mike Williams, New Mexico Oil Conservation Division in Artesia, New Mexico 2/1/83.

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

SIGNED EN RAD by D. Roberts TITLE District Operations Engineer DATE 2/2/83

(This space for Federal use only)

APPROVED BY (ORIG. SGD.) DAVID R. GLASS DATE SEP 14 1983

CONDITIONS OF APPROVAL

ROSWELL, NEW MEXICO

\*See Instructions on Reverse Side