

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYDistrict Operations Engineer
(Other Instruction in re)
New Mexico 80213Form approved.
Budget Bureau No. 42-R1424.

4/51

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.)

RECEIVED

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		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 2310' FNL & 990' FEL, Sec. 30, T-18-S, R-31-E		5. LEASE DESIGNATION AND SERIAL NO. Sec 7 / 16-029387B		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GK, etc.) Unknown		7. UNIT AGREEMENT NAME		8. FARM OR LEASE NAME Shugart "D"		9. WELL NO. 4		10. FIELD AND POOL, OR WILDCAT Shugart (Y, SR, Q, G)	
				11. SEC., T., R., M., OR BLE. 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:

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 type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

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 checked="" type="checkbox"/>
(Other) Reenter parted csg.	<input type="checkbox"/>		<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.)*

1. Found well with 600 psi on bradenhead.
2. Located parted csg @ 2160'.
3. Attempts to reenter parted csg failed.
4. Called U.S. Minerals Management for Plugging procedure.
5. POH. Ran cmt retainer & set @ 1958'. Pump 300 sxs Class "C" cmt. Left 50' cmt on retainer. POH w/tbg.
6. GIH w/wireline. Tag cmt @ 1908'. Pull to 700' & perf 4 holes. GIH w/pkr. Set @ 600'. Break circ. Pump 225 sxs Class "C" neat cmt. Circ 30 sxs. POH. RDRR.
7. Installed dry hole marker.

OIL & GAS
MINERALS MGMT. SERVICE
ROSWEEL, NEW MEXICOPost ID 2
11-5-82
PFA

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

SIGNED F N Rad TITLE District Operations Engineer DATE 10-18-82

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side