

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
ARTEZIA, NM 88210

Form approved.
Budget Bureau No. 1004-0
Expires August 31, 1985
dsk

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a well in a wellbore.
Use "APPLICATION FOR PERMIT—" for such proposals.)

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 79705	4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface J, 2310' FSL & 1980' FEL, Sec. 30, T-18-S, R-31-E	5. LEASE DESIGNATION AND SERIAL LC-029387-B	6. IF INDIAN, ALLOTTEE OR TRIBE NAME	7. UNIT AGREEMENT NAME	8. FARM OR LEASE NAME Shugart "C"	9. WELL NO. 6	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.
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) Unknown											

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 type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input checked="" 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. Notify BLM 24 hrs before rigging up.
2. Install BOP. TIH OE'd w/2 3/8" workstring to PBTD (3777'). Pmp 80 sx C1 "C" cmt plug PBTD to 3000'. TOH. WOC 4 hrs.
3. TIH OE'd. Tag top of cmt plug @ 3000'. TOH.
4. TIH w/5 1/2" pkr on workstring to +1850'. Attempt to establish PI rate into bad csg (collapsed, wtr flow present) 1958' to 2005'. If PI rate is established, TOH & PU cmt ret.
5. If PI rate not established, TOH w/pkr & perf 4 sqz holes @ 1950'. TIH w/5 1/2" pkr on workstring. Establish PI rate. TOH & PU cmt ret.
6. TIH w/cmt ret to + 1850' & set. Pmp 75sx C1 "C". Sting out of ret. circ hole w/10#/gal brine w/gel. TOH.
7. Perf 4 sqz holes @ 775'.
8. TIH w/pkr on workstring to + 675', attempt to break circ between 5 1/2" & 8 5/8" csg.
9. If circ is established, TOH w/pkr. SI BOP. Tie into wehlhead, circ w/cmt dwn 5 1/2" & out 5 1/2" & 8 5/8" annulus. Est volume 240 sx C1 "C". Continue with step 13.
10. If circ is not established, pump 50 sx C1 "C". Displ cmt to bottom of pkr. Unset pkr & TOH. WOC 4 hrs.
11. TIH OE'd & tag cmt plug @ 675'.
12. Pull tbg to 100'. Spot 10 sx C1 "C" surface plug.
13. ND BOP. RD WO rig, move out workstring. Install dry hole marker.
14. Turn to construction supervisor for restoration and final clean-up.

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

SIGNED Cathy Hobes TITLE Operations Tech III DATE 3/16/88
(This space for Federal or State office use)
APPROVED BY Scott Adam TITLE _____ DATE 4-14-88
CONDITIONS OF APPROVAL, IF ANY: _____

*See Instructions on Reverse Side