State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.	
5. Indicate Type of Lease	STATE [X] FEE [ ]
6. State Oil & Gas Lease No. E-10001	

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"
(FORM C-101) FOR SUCH PROPOSALS.)

7. Lease Name or Unit Agreement Name

NEW MEXICO Y STATE

1. Type of Well:
OIL WELL [X]   GAS WELL [ ]   OTHER

RECEIVED
OCT - 8 1993
O.C.D.

2. Name of Operator
SOUTHLAND ROYALTY COMPANY

8. Well No.
4

3. Address of Operator
P.O. Box 51810, Midland, TX 79710-1810

9. Pool name or Wildcat
SHUGART (Y,SR,Q,G)

4. Well Location

Unit Letter _M_ : _990'_ Feet From The _SOUTH_ Line and _990'_ Feet From The _WEST_ Line

Section 32   Township 18S   Range 31E   NMPM   EDDY   County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3557' GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK [ ]   PLUG AND ABANDON [ ]

TEMPORARILY ABANDON [ ]   CHANGE PLANS [ ]

PULL OR ALTER CASING [ ]

OTHER:_____ [ ]

SUBSEQUENT REPORT OF:

REMEDIAL WORK [ ]   ALTERING CASING [ ]

COMMENCE DRILLING OPNS. [ ]   PLUG AND ABANDONMENT [ ]

CASING TEST AND CEMENT JOB [ ]

OTHER: TEMPORARY ABANDONMENT [X]

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

10/3/93: MIRU. ND WH. NU BOP. PU WORKSTRING. RIH W/TBG TO 2515. SPOT 37 SXS CMT. POOH W/TBG. WOC.
10/4/93: TAGGED PLUG AT 2605. RIH W/CIBP. ET AT 2550. RIH W/TBG. CAPPED CIBP W/15 SXS CMT. CIRCULATED HOLE W/PKR FLUID. POOH LAYING DOWN TBG. ND BOP. RDMO. PERFORMED CSG INTEGRITY TEST TO 500 PSI. HELD OK.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE _____   TITLE PRODUCTION ASSISTANT   DATE 10/7/93

TYPE OR PRINT NAME DONNA WILLIAMS   TELEPHONE NO. 915-688-6943

(This space for State Use)

APPROVED BY _____   TITLE _____   DATE _____

CONDITIONS OF APPROVAL, IF ANY: