

NEW MEXICO OIL CONSERVATION COMMISSION

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U.S.G.S.		
LAND OFFICE		
OPERATOR		

SUNDRY NOTICES AND REPORTS ON WELL C.

DO NOT USE THIS FORM FOR APPLICATION TO DRILL OR TO RE-OPEN OR RE-TEST A WELL IN AN OFFICE RESERVOIR.
USE APPLICATION FOR REPAIRS AND OTHER CASES FOR ARTESIAN OFFICE RESERVOIR.

1. ☐ OIL WELL ☒ GAS WELL ☐ OTHER

2. Name of Operator
Southland Royalty Company

3. Address of Operator
1100 Wall Towers West Midland, TX 79701

4. Location of Well
EXIT LETTER L 1980 FEET FROM THE south LINE AND 660 FEET FROM
THE west LINE, SECTION 24 TOWNSHIP 19-S RANGE 29-E NMPM.

5. Elevation (Show whether DF, RT, GR, etc.)
3322.5' GR

3a. Indicate Type of Lease
State ☒ Fee ☐

3. State Oil & Gas Lease No.
LG-2352

7. Unit Agreement Name
-

8. Form of Lease Name
State "24"

9. Well No.
1

10. Field and Pool, or Wildcat
Undesignated (Morrow)

12. County
Eddy

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPERARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOB ☒	OTHER ☐

17. 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.

Drill 11" hole to 3128'. Ran BHC Sonic-GR w/Caliper, Dual Laterolog. Ran 8 5/8" 24#, 28# S-80 & K-55 ST&C csg; set @ 3128'. Cmt w/ 650 sxs 50-50 Posmix w/4% gel, 5# colite & 1/2# celloflake/sx plus 450 sxs 50-50 Posmix w/4% gel plus 300 sx Class C w/2% C.C. Plug down @ 7:10 PM, 1-12-79. Cmt circulated. Install 12" 3000# x 10" 5000# spool. Double 10" Ser 900 BOP; 10" Ser 900 Hydril. Test csg and BOP to 1000# for 30"; held OK. Drill ahead 7 7/8" hole.

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

Signed C. Harney, Jr. TITLE District Engineer DATE 1-18-79

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: