

DATE	
STATE	
FILE	
REMARKS	
LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION AUG 31 1979

D. B. G.
 DISTRICT ENGINEER

Form C-101
 Supersedes C-101
 C-102 and C-103
 Effective 1-1-65

5a. Indicate Type of Lease
 State ☒ Fee ☐
 5. State Oil & Gas Lease No.
 L-3529

SUNDARY 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.

6. Indicate Type of Well
 Oil ☐ Gas ☒ OTHER ☐
 7. Name of Operator
 Southland Royalty Company
 8. Address of Operator
 1100 Wall Towers West, Midland, Texas 79701
 9. Location of Well
 UNIT LETTER L 1980 FEET FROM THE south LINE AND 2130 FEET FROM
West LINE, SECTION 25 TOWNSHIP 19-S RANGE 29-E N.M.P.M.

7. Unit Agreement Name
 8. Farm or Lease Name
 State "25" Com.
 9. Well No.
 1
 10. Field and Pool, or Wildcat
 Turkey Track (Worm)
 11. County
 Eddy

15. Elevation (Show whether DP, RT, GK, etc.)
 3339.0' GR

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐ TEMPORARILY ABANDON ☐ PULL OR ALTER CASING ☐ OTHER ☐	PLUG AND ABANDON ☐ CHANGE PLANS ☐ OTHER ☐	REMEDIAL WORK ☐ COMMENCE DRILLING CPNS. ☒ CASING TEST AND CEMENT JOG ☒ OTHER ☐	ALTERING CASING ☐ PLUG AND ABANDONMENT ☐ OTHER ☐
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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 1709.

Spud by Hondo Drilg. Co. Rig #5 @ 9:00 PM 8-21-79. Drill 15" hole to 413'. Ran 11 3/4" 42# H-40 ST&C. Csg. set to 412'. Cement w/400 sx Class "C" cement w/2% c.c. Plug down @ 12:15 PM 8-22-79. Cement circulated. Install double 10" ser 900 BOP. Test casing and BOP to 1000 psi for 30 min, hold O.K. Drill ahead 11" hole.

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

SIGNED _____ TITLE District Engineer DATE 8-23-79

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