

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

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.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. NM 04510	
2. NAME OF OPERATOR Southland Royalty Company /		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 1100 Wall Towers West; Midland, Texas 79701		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1980' FSL & 2030' FWL Sec 21, T-19-S, R-27-E		8. FARM OR LEASE NAME Pecos River, Fed "2" Com	
14. PERMIT NO.		9. WELL NO. "21" 1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3466.9' GR		10. FIELD AND POOL, OR WILDCAT Undesignated (Morrow)	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 21, T-19-S, R-27-E	
		12. COUNTY OR PARISH Eddy	
		13. STATE New Mexico	

16. 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 COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) Set 4 1/2" production csg. <input checked="" 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.)*

Dr1 7 7/8" hole to 10,420'. CCM to run csg. Ran 251 jts of 4 1/2", 11.6#, N-80 & K-55, ST&C & LT&C csg. Set @ 10,418'. Cmt w/1000 sxs Cl "H" cmt. PD @ 8:30 AM 1-17-81. TOC @ 6700' by Temperature Survey. List of csg as follows:

TOP	2374'	4 1/2"	N-80	11.6#	LT&C
	4983'	4 1/2"	K-55	11.6#	ST&C
BOTTOM	3061'	4 1/2"	N-80	11.6#	LT&C
TOTAL	10,418'				

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

SIGNED C. C. Parsons TITLE District Operations Engineer DATE 1-28-81

(This space for Federal or State office use)

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