

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-183  
Revised 3-1-89

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.  
30-015-23805

5. Indicate Type of Lease  
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.  
LG-6257

7. Lease Name or Unit Agreement Name  
WILLIAMS STATE COM

8. Well No.  
1

9. Pool name or Wildcat  
BONE SPRING

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.)

1. Type of Well:  
OIL WELL ☐ GAS WELL ☒ OTHER ☐

2. Name of Operator  
SOUTHLAND ROYALTY COMPANY

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

4. Well Location  
Unit Letter K : 1780 Feet From The SOUTH Line and 1980 Feet From The WEST Line  
Section 2 Township 19S Range 27E NMPM EDDY County

10. Elevation (Show whether DP, RKB, RT, GR, etc.)  
3531.9 GR

11. 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 ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐ COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐  
PULL OR ALTER CASING ☐ CASING TEST AND CEMENT JOB ☐  
OTHER: ☐ OTHER: RECOMPLETION ☒

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.

SET CIBP @ 8290', CAP W/35' CMT.  
TEST CASING TO 4000 #  
PERFD BONE SPRING CARBONATE (7600' - 7624'), 4 JSPF (96 HOLES)  
ACDZ W/2400 GLS 15% PENTOL 250  
SET PKR @ 7540.05  
BEGAN TO SWAB  
RECOMPLETION WAS UNSUCCESSFUL, LITTLE SHOW OF OIL (2 BO) REQUEST TEMPORARY SHUT IN STATUS -  
APPROXIMATELY 15 DAYS - PENDING FURTHER EVALUATION

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

SIGNATURE Donna J. Williams TITLE PRODUCTION ASSISTANT DATE 6/2/93

TYPE OR PRINT NAME DONNA J. WILLIAMS TELEPHONE NO. 91-688-6943

(This space for State Use)

ORIGINAL SIGNED BY  
MIKE WILLIAMS  
SUPERVISOR

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

JUN 7 1993