

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse side)

NM OIL CONS. COMMISSION

Draw DD

Artesia, NM

68210

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	<b>RECEIVED BY</b> <b>OCT 13 1983</b> <b>O. C. D.</b> <b>ARTESIA, OFFICE</b>
2. NAME OF OPERATOR Southland Royalty Company	
3. ADDRESS OF OPERATOR 21 Desta Drive, Midland, Texas 79701	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 330' FWL & 330' FNL, Sec. 27, T-18-S, R-31-E	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3680.7' GR

5. LEASE DESIGNATION AND SERIAL NO. LC 029392 (b)
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME Hinkle "F"
9. WELL NO. 10
10. FIELD AND POOL, OR WILDCAT Shugart (Y, SR, Q, G)
11. SEC., T., R., M., OR BLEK. AND SURVEY OR AREA Sec. 27, T-18-S, R-31-E
12. COUNTY OR PARISH Eddy
13. STATE N.M.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

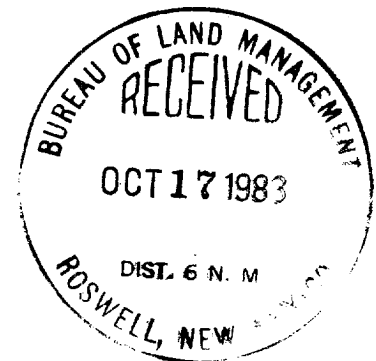
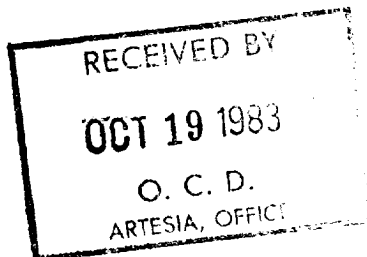
SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) Set 8 5/8" Surface Casing	XX

(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.) \*

Spudded 12 1/4" hole 10/7/83. Set 8 5/8" casing @ 700'. Cmdt w/200 sxs Hal-Lite tailed in w/200 sxs C1 "C". PD @ 4:30 AM 10-7-83. Circ 100 sxs.



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

SIGNED F.N. RAD by D. Roberts TITLE District Operations Engineer DATE 10-11-83

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY: \_\_\_\_\_

ACCEPTED FOR RECORD  
DATE \_\_\_\_\_

OCT 18 1983

\*See Instructions on Reverse Side