

Form 9-331  
(May 1983)

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse 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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. LC 029392 (b)	
2. NAME OF OPERATOR Southland Royalty Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 21 Desta Drive, 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 330' FWL & 330' FNL, Sec. 27, T-18-S, R-31-E		8. FARM OR LEASE NAME Hinkle "F"	
14. PERMIT NO.		9. WELL NO. 10	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3680.7' GR		10. FIELD AND POOL, OR WILDCAT Shugart (Y, SR, Q, G)	
		11. SEC., T., R., M., OR BLK. 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"/>	

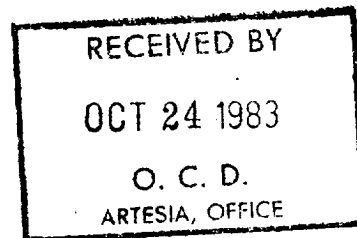
SUBSEQUENT REPORT OF:

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) <input checked="" type="checkbox"/> Set 5 1/2" Production Csg.	

(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.) \*

Ran 5 1/2" csg & set @ 4500'. Ran 5 1/2" Tam Pkr on csg & set @ 2117'. DV tool @ 2072'. Cmt 1st stage w/300 sxs Howco Lite & 500 sxs Class "C" Poz. PD @ 2:00 AM 10/18/83. WOC 18 hrs. Press csg to 2000# to inflate pkr. Opened DV tool & circ 100 sxs cmt to pit. set slips. Rlsd rig @ 6:00 AM 10/18/83.



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

SIGNED

*Fn Rnd*

TITLE District Operations Engineer DATE 10/19/83

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

ACCEPTED FOR RECORD

DATE

OCT 21 1983

\*See Instructions on Reverse Side

ROSWELL, NEW MEXICO