

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC-069107

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

East Millman "13" Fed Cor

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

N. Turkey Track (Morrow)

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 13, T-19-S, R-28-E

12. COUNTY OR PARISH

Eddy

13. STATE

NM

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 ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR

Southland Royalty Company ✓

3. ADDRESS OF OPERATOR

21 Desta Drive, Midland, Texas 79705

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

1069' FNL & 2439' FEL, Sec. 13, T-19-S, R-28-E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3374.5' GR

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐FRACTURE TREAT ☐SHOOT OR ACIDIZE ☐REPAIR WELL ☐(Other) ☐PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐ABANDON* ☐CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐FRACTURE TREATMENT ☐SHOOTING OR ACIDIZING ☐

(Other) Set 8 5/8" csg

REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT* ☐

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.)*

Set 8 5/8" 24# csg @ 2718'. Cmt'd w/1450 sx Howco Lite. Tailed in w/250 sx
C1 "C". PD @ 9:30 PM 11-12-84. Cmt circ 210 sx. Cut off. NU. WOC 24 hrs.
Tstd csg to 1500#.

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

SIGNED

Daneel Roberts

TITLE

Operations Engineer

DATE

11-14-84

(This space for Federal or State office use)

APPROVED BY

GWR

TITLE

DATE

CONDITIONS OF APPROVAL IF ANY

*See Instructions on Reverse Side