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RECEIVED BY  
Form 9-331  
(May 1963)  
**DEC 17 1984**  
O. C. D.  
ARTESIA, OFFICE

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE\*  
(Other instructions on reverse 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 Com

9. WELL NO.  
1

10. FIELD AND POOL, OR WILDCAT  
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 <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 5 1/2" csg <input checked="" 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.)\*

Set 5 1/2" 17# csg @ 11,300'. Cmt'd w/1000 sx C1 "H". PD @ 6:45 PM 12-10-84.  
Rlsd rig @ 11:00 PM 12-10-84. TOC @ 7650'.

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

SIGNED Danell Roberts TITLE Operations Engineer DATE 12-12-84

ACCEPTED FOR RECORD  
(This space for Federal or State office use)

APPROVED BY [Signature] TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL **DEC 17 1984**

Carlsbad NEW MEXICO

\*See Instructions on Reverse Side