CONDITIONS OF APPROVAL, IF ANY:

## State of New Mexico Energy, Minerals and Natural Resources Department



Submit 3 Copies to Appropriate District Office

DISTRICT 1 P.O. Box 1980, Hobba, NM 88240	Santa Fe. New Mexico 87504-2088:		WELL API NO. 30-015-27370
DISTRICT II P.O. Drawer DD, Artesia, NM 88210			5. Indicate Type of Lease STATE X FEE
DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410		Aug 1 6 1993	6. State Oil & Gas Lease No. L-1493
( DO NOT USE THIS FORM FOR PRO DIFFERENT RESER (FORM C-	CES AND REPORTS ON WEL POSALS TO DRILL OR TO DEEPEN VOIR. USE "APPLICATION FOR PER 101) FOR SUCH PROPOSALS.)	OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name
I. Type of Well: OR. WELL X WELL X	OTHER		PARKWAY "B" STATE
2. Name of Operator SOUTHLAND ROYALTY COMPA	ANY /		8. Well No.
3. Address of Operator			# 2 9. Pool name or Wildcat
P.O. Box 51810, Midland,	TX 79710-1810		TURKEY TRACK (7RVR,QN,GRG,SA)
4. Well Location  Unit Letter A: 330' Feet From The NORTH Line and 660' Feet From The EAST Line  Section 15 Township 19S Range 29E NMPM EDDY County			
	10. Elevation (Show whether )	DF, RKB, RT, GR, etc.)	
11. Check	Appropriate Box to Indicate I	Nature of Notice. Re	eport, or Other Data
NOTICE OF INT			SEQUENT 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 CE	
OTHER:		1	COMPLETION/NEW ZONE
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.  8/5/93: SET CIBP @ 1800'. PERF SEVEN RIVERS @ 1627' TO 1675' (2 SPF)  8/6/93: SET PKR @ 1556'. ACIDIZE SEVEN RIVERS PERFS 1627' TO 1675' W/900 GLS 7.5% NEFE. TOH W/PKR. FRAC W/26000 GLS VIKING I-35 & 82000# 20/40 BRADY.  8/7/93: WASH SAND 1670'-1800'. PERF SEVEN RIVERS 1624' TO 1688' (4 SPF - 220 HOLES). ACIDIZE W/2000			
GLS 7.5% RESI-SOL ACID. SW 8/10/93: DRL CIBP @ 1800'. F	· ·=	JRN TO PRODUCTION	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
SIGNATURE	www.m	PRODUCTION ASSI	DATE 8/13/93
TYPE OR PRINT NAME DONNA WILLIAM	AS		TRLEPHONE NO. 915-688-694
(This space for State Use)			
N/PE.	RVISOR, OUTERMIT IT		AUG 2 5 1993

- TILE -

- DATE -