

CONFIDENTIAL
UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

Form approved
Budget Bureau No. 1004-6135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NM-58929

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	RECEIVED BY JAN 12 1987 O. C. D. STATE OFFICE
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 1980' FNL & 1980' FEL, Sec. 4, T-20-S, R-29-E	

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Burton "4" Fed Com

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Burton Flat (Strawn) East

11. SEC., T., S., M., OR BLK. AND SURVEY OR ARMA

Sec. 4, T-20-S, R-29-E

12. COUNTY OR PARISH 13. STATE

Eddy

N.M.

14. PERMIT NO. Pending 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3325.4' 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 checked="" type="checkbox"/>
(Other) Set 13 3/8" 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.)

Drilled 17 1/2" hole to 600'. Set 13 3/8" 54.5# csg @ 600'. Cmt w/300 sxs Howco Lite & 300 sxs C1 "C". PD @ 3:30 PM 9-22-85. Circ 140 sxs. WOC 19 3/4 hrs. Tested csg to 500#. Held OK.

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

SIGNED Lanell Roberts

TITLE Operations Engineer

DATE 9-24-85

(This space for Federal or State office use)

APPROVED BY ACCEPTED FOR RECORD
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

OCT 1 1985

*See Instructions on Reverse Side