

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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	RECEIVED BUREAU OF LAND MANAGEMENT AUG 01 1983 ROSWELL RESOURCE AREA	5. LEASE DESIGNATION AND SERIAL NO. NM-16804A
2. NAME OF OPERATOR Southland Royalty Company	O. C. D.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 21 Desta Drive, Midland, Texas 79701	ARTESIA OFFICE RECEIVED BY AUG -6 1986 O. C. D. ARTESIA OFFICE	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 1980' FSL & 1980' FWL, Sec. 26, T-10-S, R-29-E		8. FARM OR LEASE NAME Sand Ranch
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3955.6' GR	9. WELL NO. 1
		10. FIELD AND POOL, OR WILDCAT Sand Ranch (Atoka)
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 26, T-10-S, R-29-E
		12. COUNTY OR PARISH Chaves
		13. STATE N.M.

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	(Other) <input type="checkbox"/>
(Other) <input 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.)*

1. MIRU Csg Pullers. Kill well. Rlstd pkr & POH. GIH w/CIBP & set @ 8970'. Cap w/35' cmt. TIH w/tbg to 8970'.
2. Displ csg w/brine & salt gel. TOH w/tbg. Free Pt csg @ 7200'.
3. GIH w/tbg. RU Elec line & shoot off 4 1/2" csg @ 7107'. Pull & LD 4 1/2" csg. TIH w/tbg.
4. Tag bridge @ 3809'. POH. Remove perf sub from btm of tbg. GIH w/SN & tbg. Tag bridge & circ out. Cont in hole w/tbg. Spot 35 sx cmt @ 7173'. Spot 35 sx @ 3900'. Spot 45 sx @ 2700'.
5. GIH w/tbg to tag plug.
6. Tag plug @ 2536'. Set 45 sx plug @ 415'. Set 20 sx plug @ Surface. Cut off wellhead, instl dry hole marker & rlstd rig.
7. P&A'd 7/26/83.

Post ID-2
12-9-83
P&A

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

SIGNED <u>F.N. RAO by D. Roberts</u>	TITLE <u>District Operations Engineer</u>	DATE <u>7/29/83</u>
(This space for Federal or State office use)		

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

APPROVED
PETER W. CHESTER
DATE

AUG 1 1986

BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA

*See Instructions on Reverse Side

