

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 016804

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Robinson Unit Tr 1

9. WELL NO.

3

10. FIELD AND POOL, OR WILDCAT

Maljamar (Grayburg-SA)

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

Sec. 31, T-16-S, R-32-E

14. PERMIT NO.

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

4130' DF

12. COUNTY OR PARISH

Lea

13. STATE

NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other) Testing

(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.)*

In response to a recent request to test the integrity of the casing, Southland Royalty Company respectfully requests an extension of 60 days before initiating the test. We are presently evaluating offers to sell this well in its current condition. In the event that the well is not sold, we will notify your office, set a retrievable bridge plug above the perfs and pressure test the casing to 500 psi and will take necessary measures to comply with the rules.

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

SIGNED Lance Roberts

TITLE Operations Engineer

DATE 8/6/84

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

DATE 8-20-84

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side