

NEW MEXICO OIL CONSERVATION COMMISSION

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U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	
B-2148	B-2229
7. Unit Agreement Name	
8. Farm or Lease Name	
Malmar Unit Tr. 1	
9. Well No.	
7	
10. Field and Pool, or Wildcat	
Maljamar G-SA	
12. County	
Lea	

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" (FORM C-101) FOR SUCH PROPOSALS.)

OIL WELL ☒ GAS WELL ☐ OTHER ☐

1. Name of Operator
Southland Royalty Company

2. Address of Operator
1100 Wall Towers West, Midland, Texas 79701

4. Location of Well
UNIT LETTER G 1980 FEET FROM THE North LINE AND 1980 FEET FROM
THE East LINE, SECTION 13 TOWNSHIP 17-S RANGE 32-E NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)
4143 GR

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

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER <input type="checkbox"/>	OTHER <u>Bradenhead Tie In</u> <input checked="" type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>

17. 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.

Tied Bradenhead to Surface With Valve Exposed.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED C. Hamney TITLE District Engineer DATE 2-15-79

APPROVED BY [Signature] TITLE OIL & GAS INSPECTOR DATE MAR 15 1979

CONDITIONS OF APPROVAL, IF ANY: