P. O. BOX 1000

Form 9-331

HNI OD STATES HOORS REBNIE IN TEMPLA - PET

Form approved.

ALTERING CASING

ABANDONMENT*

DEPARTMI GE SUNDRY NOTIC			5. LEASE DESIGNATION AND SERIAL NO. NM-0997 6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
Use "APPLICAT. OIL GAS G	ION FOR PERMIT—" for such pro	posals.)	7. UNIT AGREEMENT NAM	ALE.
WELL XX WELL OTHER 2. NAME OF OPERATOR			8. FARM OR LEASE NAME	
Southland Royalty Company 3. ADDRESS OF OPERATOR			Federal "21" Com. 9. WELL NO.	
21 Desta Drive, Midland, Texas 79701 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1980' FSL & 660' FWL, Sec. 21, T-18-S, R-33-E			1 10. FIELD AND POOL, OR WILDCAT South Corbin (Bone Springs) 11. SEC., T., B., M., OR BLE. AND SURVEY OR AREA	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF,	RT, GR, etc.)	Sec. 21, T-18	
	3830 ' GR		Lea	N.M.
16. Check App	ropriate Box To Indicate N	ature of Notice, Report, or C	Other Data	
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF: WATER SHUT-OFF REPAIRING WELL		

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) (Other) 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.)*

FRACTURE TREATMENT

(Other) _

SHOOTING OR ACIDIZING

MIRUPU. Inst1 BOP.

FRACTURE TREAT

REPAIR WELL

SHOOT OR ACIDIZE

Swb well dwn. Measure oil & wtr volume & beginning fluid level.

If no oil present, RDPU. If oil is produced, proceed w/next step.

POH w/tbg. RIH w/pkr & set @ 8900' +. Open pkr by-pass & spot acid to pkr. Close by-pass & acdz pfs 9030-52' w/4000 gals 15% HCl w/NEFE w/500 SCF/bbl of nitrogen @ 4 PBM diverting w/30 + BS.

5. Immediately flw & swb load back. RIH w/tbg as before.

MULTIPLE COMPLETE

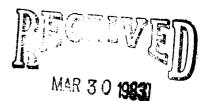
ABANDON'

CHANGE PLANS

6. RIH w/rods & place well on pmp.

Test & evaluate for additional stimulation.

DISTRICT SUPERVISOR



MINERALS MOUT, CERVICE ROSWELL, NEW MEXICO

18. I hereby certify that the foregoing for true and correct TITLE District Operations Engineer DATE 3/30/83 (This space for Federal or ARTPROSED APPROVED BY CONDITIONS OF APPROVAL, IF ANY: DATE _ MAR 3 0 1983 JAMES A. GILLHAM*See Instructions on Reverse Side

