

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other Instructions on reverse side)

Form approved.
Budget Bureau No. 1004-100
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NM-19004-A

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 ☐ GAS WELL ☐ OTHER Dry Hole

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' FSL & 1980' FWL, Section 27, T-24-S, R-34-E

14. PERMIT NO. 30-025-2832 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3449.3' GR

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Vaca Ridge "27" Fed. Com.

9. WELL NO.
1

10. FIELD AND POOL OR WILDCAT
Pitchfork Ranch (Morrow)

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Section 27, T-24-S, R-34-E

12. COUNTY OR PARISH 13. STATE
Lea New Mexico

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"/>	WATER SHUT-OFF	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	FRACTURE TREATMENT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	(Other)	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		
PULL OR ALTER CASING	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>	ALTERING CASING	<input checked="" type="checkbox"/>
ABANDON*	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
CHANGE PLANS	<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. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.) *

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

See attached Procedure.

ACCEPTED FOR RECORD

SEP 10 1987

SANILSBAD, NEW MEXICO

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

SIGNED Cathy Hobbs TITLE Operations Tech III DATE _____

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

RECEIVED

SEP 14 1987

OCD
HOBS. OFFICE