Form	9-33
(Max	1963)

UNITED STATES SUBMIT IN TRIPLICATE* DEPARTMENT OF THE INTERIOR (Other instructions on reverse side)

Form approved,
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

DATE _

GEOLOGICAL SURVEY			Jicarilla <i>g</i> ontra	Jicarilla <i>©</i> ontract 125	
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.)			6. IF INDIAN, ALLOTTEE OR T		
OIL GAS			7. UNIT AGREEMENT NAME		
WE'L WELL X	OTHER				
NAME OF OPERATOR				8. FARM OR LEASE NAME	
Southland Royalty Company				Arizona Jicarilla	
3. ADDRESS OF OPERATOR			#10		
P.O. Drawer 570, Farmington, New Mexico 87401 LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*			10. FIELD AND POOL, OR WILDCAT		
See also space 17 below.) At surface	ocation clearly and in accorda	nce with any place requirements.			
At suitace			Tapacitos Pictur		
14	50' FNL & 1190' FE	Y	11. SEC., T., R., M., OR BLK. AT SURVEY OR AREA	_	
7.4	OU THE WILLOUIT	41	Sec. 35, T25N, R	ATAT	
14. PERMIT NO.	15. ELEVATIONS (She	ow whether DF, RT, GR, etc.)		STATE	
		32' GR	Rio Arriba Ne	w Mexico	
				TI PLANEO	
16. C I	neck Appropriate Box To	Indicate Nature of Notice, Report, o	r Other Data		
NOTICE	OF INTENTION TO:	SUBS	SEQUENT REPORT OF:		
TEST WATER SHUT-OFF	PULL OR ALTER CASING	WATER SHUT-OFF	REPAIRING WELL		
FRACTURE TREAT	MULTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING CASING		
SHOOT OR ACIDIZE	ABANDON*	SHOOTING OR ACIDIZING	ABANDONMENT*		
REPAIR WELL	CHANGE PLANS	(Other)S	pud and Casing Repor	t X	
(Other)	- -	(Note: Report res	ults of multiple completion on Wo empletion Report and Log form.)	<u>∍</u> 11	
145 ' set	. Ran 3 joints of at 135'. Cemented	nole at 8:45 PM, 12-11-78 & 5 8 5/8", 28#, K-55, 8 rd (I with 85 sacks of Class "B wn at 11:30 AM, 12-13-78.	122.87') casing and		
18. I hereby certify/that the f	oregolng is true and correct		DEC 14 18	M.	
SIGNED	Karson,	TITLE District Engineer	DATE 12-13-7	18	
(This space for Federal or	State office use)				

APPROVED BY _______ CONDITIONS OF APPROVAL, IF ANY: