Form	9-331
May	1963)

## **UNITED STATES**

SUBMIT IN TRIPLICATE\*

DEPART	5. LEASE DESIGNATION AND SERIAL NO.  Jicarilla 416 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.)					
GIL GAS WELL OTHER			7. UNIT AGREEMENT NAME		
2. NAME OF OPERATOR	8. FARM OR LEASE NAME				
Southland Royalty Company			Medio Canyon		
3. ADDRESS OF OPERATOR	9. WELL NO.				
P. O. Drawer	570, Farmington, New	w Mexico 87401	#1		
4. LOCATION OF WELL (Report location of See also space 17 below.) At surface	10. FIELD AND POOL, OR WILDCAT  WEST LINGTITH Sallup DK  11. SEC., T., R., M., OR BLK. AND  SURVEY OR AREA				
970' FNL & 890' FEL					
			Section 25, T24N, R/W		
14. PERMIT NO.	15. ELEVATIONS (Show whether I	, , , , , , , , ,	12. COUNTY OR PARISH 13. STATE		
	7016' (	GR	Rio Arriba NM		
16. Check Ap	propriate Box To Indicate	Nature of Notice, Report, or C	Other Data		
NOTICE OF INTEN	TION TO:	SUBSEQU	ENT 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*		
EEPAIR WELL	CHANGE PLANS		Casing Report X		
(Other)		(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.)\*

Spudded 12 1/4" surface hole @ 9:30 PM, 11-17-78 to a TD of 245'. 11-18-78 Ran 8 5/8", 26#, H-40 casing and set at 237'. Cemented with 140 sacks of Class "B" with 1/4# gel flake per sack and 3% CaCl2. Plug down at 6:00 AM, 11-18-78. Cement circulated to surface.



NOV 21 1973 U. S. CTOLOGICAL SURVEY

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15. I hereby certify that the foregoing is true a		District Pr	oduction Manager	DATE	11-20-78
· (This space for Federal or State officeuse)					
APPROVED BY	TITLE _	· · · · · · · · · · · · · · · · · · ·		DATE	