

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse side)

Form approved.  
Budget Bureau No. 1004-0135  
Expires August 31, 1985

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		SEP 18 1985	
2. NAME OF OPERATOR Southland Royalty Company		BUREAU OF LAND MANAGEMENT FARMINGTON RESOURCE AREA	
3. ADDRESS OF OPERATOR P. O. Drawer 570, Farmington, New Mexico 87499		5. LEASE DESIGNATION AND SERIAL NO. NM-03991	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface (D) 790' FNL & 790' FWL		6. IF INDIAN/ALLOTTEE OR TRIBE NAME Gavilan Mancos/Gavilan Greenhorn-Graneros-Dakota	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7378' GL	
12. COUNTY OR PARISH Rio Arriba		13. STATE 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"/>	FRAC TURE 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"/>
PULL OR ALTER CASING	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
CHANGE PLANS	<input type="checkbox"/>		
(Other) Revision - Casing Record*	<input checked="" type="checkbox"/>		

(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.)\*

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	QUANTITY OF CEMENT
* 17-1/2"	New 13-3/8"	48.00#, H-40	400'	526.3 cu.ft. (Circ to surface)
8-3/4"	New 5-1/2"	15.50#, K-55	4000'	Stg 1: 383 cu.ft. (Cover Glp-Mancos)
7-7/8"	New 5-1/2"	15.50#, K-55	7000'	Stg 2: 168 cu.ft. (Cover Cliff House)
7-7/8"	New 5-1/2"	17.00#, K-55	8110'	Stg 3: 386 cu.ft. (Cover Nacimiento)

RECEIVED  
SEP 20 1985  
OIL CON. DIV.  
DIST. 3

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

SIGNED Ethel J. Grayson TITLE Secretary DATE 9-17-85

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: \_\_\_\_\_

ACCEPTED FOR RECORD

\*See Instructions on Reverse Side

NMOCC

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

BY \_\_\_\_\_