

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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Southland Royalty Company	8. FARM OR LEASE NAME Hill Federal
3. ADDRESS OF OPERATOR Post Office Box 4289, Farmington, NM 87499	9. WELL NO. 3
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 790'N, 790'W	10. FIELD AND POOL OR WILDCAT Gavilan Mancos/Gavil Greenhorn-Gran-Dak
	11. SEC., T., R., M., OR S.E. AND SURVEY OR AREA Sec. 36, T-25-N, R- 2-W N.M.P.M.
14. PERMIT NO. APR 07 1986	12. COUNTY OR PARISH Rio Arriba NM
15. ELEVATIONS (Show whether DP, ST, OR, etc.) 7378'GL	13. STATE

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16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

BUREAU OF LAND MANAGEMENT FARMINGTON RESOURCE AREA		SUBSEQUENT REPORT OF:	
ATTENTION TO:			
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	
(Other) Vent Request <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.)*

Permission is requested to vent casinghead gas on this well. It is intended to run dynamometer tests on the pumping units on April 14 - 15, 1986. The well must be stabilized to receive a competent test.

Verbal approval was granted by Steve Mason on 4-7-86 to vent gas for one week.

RECEIVED
APR 14 1986
OIL CON. DIV.
DIST. 3

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

SIGNED <u>Deann, Oak</u>	TITLE Drilling Clerk	DATE 4-7-86
(This space for Federal or State office use)		
APPROVED BY _____	TITLE _____	
CONDITIONS OF APPROVAL, IF ANY:		

*See Instructions on Reverse Side

NMOCC