

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 type="checkbox"/> OTHER <input checked="" type="checkbox"/> | 5. LEASE DESIGNATION AND SERIAL NO. NM-4447 |
| 2. NAME OF OPERATOR Southland Royalty Company | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME |
| 3. ADDRESS OF OPERATOR Post Office Box 4289, Farmington, NM 87499 | 7. UNIT AGREEMENT NAME |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 900'S, 790'W | 8. FARM OR LEASE NAME Ojito |
| 14. PERMIT NO. | 9. WELL NO. 1 |
| 15. ELEVATIONS (Show whether OF, RT, GR, etc.) 7245'GL | 10. FIELD AND POOL, OR WILDCAT Blanco Mesa Verde |
| | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 16, T-26-N, R- 2-W N.M.P.M. |
| | 12. COUNTY OR PARISH Rio Arriba NM |
| | 13. STATE |

18. 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"/> | 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) <input 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.)*

This well is now being flow tested in the producing interval. The Texaco intent to plug & abandon this well should be cancelled. After we have had an opportunity to properly evaluate this well, and test the casing integrity, we will submit our intentions. An extension is until 10-1-88 is requested for this evaluation.

Southland Royalty is the operator of this well.

BLM to witness test of casing

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

SIGNED [Signature] TITLE Regulatory Affairs (CS) DATE 07-28-88

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE NMOCC DATE

not warrant that the applicant holds legal or equitable rights or title to this lease. See Instructions on Reverse Side