

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"/>	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 P.O. 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, BT, OR, etc.) 7245' GL	10. FIELD AND POOL, OR WILDCAT Blanco Mesa Verde
	11. SEC., T., S., M., OR S.E. AND SURVEY OR AREA Sec. 16, T26N, R2W N.M.P.M.
	12. COUNTY OR PARISH Rio Arriba
	13. STATE NM

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"/>	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) Plug Back & Recomplete Chacra

(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.)\*

It is intended to recomplete this well to the Chacra Formation in the following manner:

MOL & RU. Set Cmt. Retainer @ 5436' and squeeze with 62 sx. class B neat cement. Pressure test casing to 3500 PSI. Run GR CCL. Perf Chacra @ 4700', 4705', 4710', 4715', 4720', 4725', 4770, 4780', 4790', 4810'. Frac with 72,000# 20/40 sand and 51,000 gals. 70 QN<sub>2</sub> foam. CO with gas to 5436'. Run 4775' 1 1/4" 2.4# tubing. RD & MOL.

RECEIVED  
JAN 25 1984  
OIL CON. DIV.  
DIST.

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

SIGNED <u>Christopher J. Lott</u>	TITLE <u>Production Engineer (CS)</u>	DATE <u>1-25-89</u>
(This space for Federal or State office use)		
APPROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		

\*See Instructions on Reverse Side