

**UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY**

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.
Jicarilla Contract #151
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.)

<p>1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER</p> <p>2. NAME OF OPERATOR Southland Royalty Company</p> <p>3. ADDRESS OF OPERATOR P. O. Drawer 570, Farmington, New Mexico 87401</p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 825' FSL & 1840' FWL</p>	<p>7. UNIT AGREEMENT NAME</p> <p>8. FARM OR LEASE NAME Arizona Jicarilla "B"</p> <p>9. WELL NO. #5R</p> <p>10. FIELD AND POOL, OR WILDCAT Blanco Mesa Verde</p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 10, T26N, R5W</p> <p>12. COUNTY OR PARISH Rio Arriba</p> <p>13. STATE New Mexico</p>
<p>14. PERMIT NO.</p>	<p>15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6896' GR</p>

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

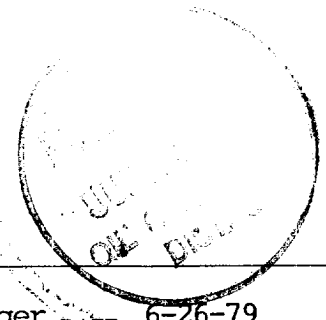
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	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) <u>Spud and Casing Report</u> <input checked="" type="checkbox"/>	
(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.)*

6-25-79 Spudded 12 1/4" surface hole at 12:30 PM, 6-25-79 and drilled to a TD of 240'. Set 5 joints (219.80') of 9 5/8", 36#, H-40 ST & C casing at 231'. Cemented with 110 sacks of Class "B" with 3% CaCl₂. Plug down at 10:30 PM, 6-25-79. Cement circulated to surface.

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

SIGNED [Signature] TITLE District Production Manager DATE 6-26-79



(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

JUN 27 1979

*See Instructions on Reverse Side

U. S. GEOLOGICAL SURVEY
DURANGO, COLO.