

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

SUBMIT IN TRIPLICATE\*  
(Other instructions on reverse side)

Form approved.  
Budget Bureau No. 42-R1424.

**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  GAS WELL  OTHER

2. NAME OF OPERATOR  
Southland Royalty Company

3. ADDRESS OF OPERATOR  
P. O. Drawer 570, Farmington, NM 87401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface  
  
1660' FNL & 800' FWL

14. PERMIT NO. \_\_\_\_\_

15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
6965' GR

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

6. IF INDIAN, ALLOTTEE OR TRIBE NAME \_\_\_\_\_

7. UNIT AGREEMENT NAME \_\_\_\_\_

8. FARM OR LEASE NAME  
Arizona Jicarilla "B"

9. WELL NO.  
#9

10. FIELD AND POOL, OR WILDCAT  
So. Blanco Pictured Cliffs

11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA  
Section 10, T26N, R5W

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"/>	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>Perforation and Stimulation</u> <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.)\*

8-16-79 Perforated the Pictured Cliffs at 3577', 3583', 3594', 3609', 3624', 3628', 3632'. Total of 7 holes.

8-17-79 Fracd the Pictured Cliffs with 200 gallons of 15% HCl and 37,500 gallons of water with 1 ppg of 20/40 sand. AIR 13, ATP 2000, ISIP 450. SIFT.



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

SIGNED [Signature] TITLE District Production Manager DATE 8-20-79

(This space for Federal or State office use)

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

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

AUG 22 1979

\*See Instructions on Reverse Side

U. S. GEOLOGICAL SURVEY