16.

UNITED STATES SUBMIT IN TRIPLICATE* DEPARTMENT OF THE INTERIOR (Other instructions on re-

Form approved, Budget Bureau No. 5. LEASE DESIGNATION AND BERIAL NO.

Jicarilla 1

	6. IF INDIAN, ALLOTTEE OR TRISE NAME	
SUNDRY NO		
OIL GAS WELL OTHE 2. NAME OF OPERATOR Southland Royalty Co	7. UNIT AGREEMENT NAME 8. FARM OR LEASE NAME Jicarilla 101	
3. ADDRESS OF OPERATOR P. O. Drawer 570, Fa 4. LOCATION OF WELL (Report location of the see also space 17 below.) At surface	9. WELL NO. #8 10. FIELD AND POOL, OR WILDCAT Blanco Mesa Verde Blanco Pictured Cliffs 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA	
1070' FSL & 1840' FW	TL	Section 12, T26N, R4W
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7072 GR	Rio Arriba NM
		Oil Date

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:					
NOI						REPAIRING WELL	
TEST WATER SHUT-OFF		PULL OR ALTER CASING		WATER SHUT-OFF		ALTERING CASING	
FRACTURE TREAT		MULTIPLE COMPLETE		FRACTURE TREATMENT		ABANDON MENT*	
SHOOT OR ACIDIZE		ABANDON*		SHOOTING OR ACIDIZING		Casing Report	X
REPAIR WELL		CHANGE PLANS		(Other) (Norm: Report res	ults o	f multiple completion on Well tion Report and Log form.)	
(Other)				Completion of Reco		tion Report and Dog to Day	

- 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 sones pertinent to this work.) *
 - Set 98 joints (4086.55') of 7", 20#, K-55 casing at 4092'. Cemented with 110 sacks of Class "B", 50/50 Poz with 6% gel followed by 50 sacks 7-17-79 of Class "B" with 2% CaCl₂. Plug down at 2:00 PM, 7-17-79.
 - Set 54 joints (2270.74') of 4 1/2", 10.5#, 8 Rd, K-55 casing from 3933.97' to 6215'. Cemented with 275 sacks of Class "B", 50/50 Poz with 6% gel, 7-19-79 1/4# celloflake and .6% Halad 9. Plug down at 2:10 AM, 7-20-79.



18. I hereby certify that the foregoing is true and correct SIGNED Van Lyan	TITLE District Production Manager DATE 7-20-79	_			
(This space for Federal or State office use)	TITLE DATE EIVE	_			
CONDITIONS OF APPROVAL, IF ANY:	յլլ 2 3 1979				

*See Instructions on Reverse Side