

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse side)

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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION/AND SERIAL NO. Jicarilla 101
2. NAME OF OPERATOR Southland Royalty Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Jicarilla Apache
3. ADDRESS OF OPERATOR P. O. Drawer 570, Farmington, NM 87401		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 1070' FSL & 1840' FWL		8. FARM OR LEASE NAME Jicarilla 101
14. PERMIT NO.		9. WELL NO. #8
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7072' GR		10. FIELD AND POOL, OR WILDCAT Blanco Mesa Verde Blanco Pictured Cliffs
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 12, T26N, R4W
		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>Production Tubing Report</u> <input checked="" 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.)*

9-13-79 Landed 192 joints (5962.67') of 2 3/8", EUE, 8 Rd, J55 tubing at 6072'.
Set packer at 4040'. Landed 119 joints (3827') of 1 1/2", IJ tubing
at 3839'. SIFT.



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

SIGNED _____	TITLE <u>District Engineer</u>	DATE <u>9-14-79</u>
(This space for Federal or State office use)		
APPROVED BY _____	TITLE <u>[Signature]</u>	DATE <u>9-17-79</u>
CONDITIONS OF APPROVAL, IF ANY:		

*See Instructions on Reverse Side

SEP 17 1979