

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 purposes.)

1. OIL ☐ GAS ☒ OTHER ☐  
2. NAME OF OPERATOR  
Southland Royalty Company  
3. ADDRESS OF OPERATOR  
P.O. Drawer 570, Farmington, NM 87499  
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.  
See also space 17 below.)  
At surface (N) 940' FSL & 1150' FWL  
14. PERMIT NO.  
15. ELEVATIONS (Show whether DF, ST, GR, etc.)  
7211' GL

5. LEASE DESIGNATION AND SERIAL NO.  
Jicarilla Contract 447  
6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
Jicarilla Apache Tribe  
7. UNIT AGREEMENT NAME  
8. FARM OR LEASE NAME  
Jicarilla 447  
9. WELL NO.  
1  
10. FIELD AND POOL, OR WILDCAT  
Blanco Mesayerde  
Choza Mesa Pictured Cliffs  
11. SEC., T., R., M., OR BLK. AND  
SURVEY OR AREA  
Section 19, T27N, R3W  
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"/>	WATER SHUT-OFF	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	FRACTURE TREATMENT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	(Other) Correction to SN dated 5-30-85 X *	<input type="checkbox"/>
(Other)	<input type="checkbox"/>	(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	<input type="checkbox"/>

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.) \*

5-29-85 9-5/8", 32.3#, H-40\* casing set at 221'.

RECEIVED  
OCT 31 1985  
CLERK OF THE DISTRICT COURT  
DO NOT

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

SIGNED Aster Greysa TITLE Secretary DATE 10-28-85

(This space for Federal or State office use)

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

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

NMOCC