

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on reverse 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 proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	5. LEASE DESIGNATION AND SERIAL NO. NM- 28759
2. NAME OF OPERATOR Southland Royalty Company	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR Post Office Box 4289, Farmington, NM 87499	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 840'S, 1800'W	8. FARM OR LEASE NAME Federal 12
14. PERMIT NO.	9. WELL NO. 14
15. ELEVATIONS (Show whether OF, BT, OR, etc.) 6463 61.	10. FIELD AND POOL, OR WILDCAT Basin Dakota
	11. SEC. T. R. M. OR S.E. AND SURVEY OR AREA Sec. 12, T-26-N, R-11-W N.M.P.M.
	12. COUNTY OR PARISH San Juan
	13. STATE NM

RECEIVED
JAN 23 1989

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 COMPLETION <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) <input 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.)

9-9-88 MOL&RU. Pump 20 bbl. hot oil down csg. Try to unseat pump. Pumped 5 bbls. hot oil in tbg. Would not unseat. Hot oiled down csg while working rods, would not unseat. Backed off & pulled 105 - 3/4" rods & 85 - 5/8" rods. ND WH. RU BOP & test. Release tbg. anchor. TOOH w/155 jts. 2 3/8" tbg. Pulled 39 - 5/8" rods. SDF weekend.

09-12-88 TOOH w/36 jts. 2 3/8" tbg & 6 - 5/8" rods & pump. TIH w/189 jts. 2 3/8" tbg w/SN 1 jt off bottom to 5823'. TIH w/2" x 1 1/2" x 12 x 13 x 16 RHAC top hold down pump. PT tbg to 500# w/pump seated. Would not hold pressure. TOOH w/rods & pump. SDFN.

09-13-88 NDWH. NU BOP. Dropped standing valve. Loaded tbg w/24 BW. PT tbg to 500#, would not hold. TOOH w/tbg to locate hole @ 88 jts. TOOH w/remaining tbg. TIH w/1 jt tbg as mud anchor w/tapped bull plug, perf sub, SN & 187 jts. 2 3/8" tbg to 5812'. TIH w/8' gas anchor on 2" x 1 1/4" x 12 x 13 x 16 RHAC top hold down pump, 105 - 5/8" rods, 127 - 3/4". Seated pump & RU to pump. Released rig.

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

SIGNED [Signature]

TITLE Regulatory Affairs

DATE 01-09-89

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

ACCEPTED FOR RECORD

DATE

JAN 19 1989

FARMINGTON RESOURCE AREA

*See Instructions on Reverse Side