

**DEPARTMENT OF THE INTERIOR** (Other instructions on reverse side)  
**GEOLOGICAL SURVEY**

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 <input type="checkbox"/> 2. NAME OF OPERATOR <u>Southland Royalty Company</u> 3. ADDRESS OF OPERATOR <u>P. O. Drawer 570, Farmington, NM 87401</u> 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) <u>At surface</u> <u>1010' FNL &amp; 1670' FEL</u>		5. LEASE DESIGNATION AND SERIAL NO. <u>Jicarilla 449</u> 6. IF INDIAN, ALLOTTEE OR TRIBE NAME _____ 7. UNIT AGREEMENT NAME _____ 8. FARM OR LEASE NAME <u>Jicarilla 449</u> 9. WELL NO. <u>#1</u> 10. FIELD AND POOL, OR WILDCAT <u>Choza Mesa Pictured Cliff</u> <u>Blanco Mesa Verde</u> 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Section 30, T28N, R3W</u> 12. COUNTY OR PARISH <u>Rio Arriba</u> 13. STATE <u>NM</u>
14. PERMIT NO. _____ 15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>7248' GR</u>		

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>Spud and Casing Report</u>			<input checked="" 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.)\*

1-18-79      Spudded 12 1/4" surface hole at 12:00 midnight, 1-18-79 and drilled to a TD of 238'.

1-19-79      Ran 5 joints of 9 5/8", 32.3#, H-40, 8 rd, ST & C casing (216.73') and set at 228'. Cemented with 110 sacks of Class "B" with 1/4# gel flake per sack and 3% CaCl<sub>2</sub>. Cement circulated to surface. Plug down at 8:30 AM, 1-19-79.

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

SIGNED \_\_\_\_\_

TITLE District Production Manager DATE 1-22-79

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: