

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on re-
verse side)

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 ☒ GAS WELL ☐ OTHER		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
2. NAME OF OPERATOR Southland Royalty Company		7. UNIT AGREEMENT NAME
3. ADDRESS OF OPERATOR Post Office Box 4289, Farmington, NM 87499		8. NAME OF LEASE NAME Frontier B
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 660'N, 660'E		9. WELL NO. 5
14. PERMIT NO.		10. FIELD AND POOL, OR WILDCAT Kutz Gallup
15. ELEVATIONS (Show whether of, to, or, etc.)		11. SEC., T., R., M., OR S.E. AND SURVEY OR AREA Sec. 9, T-27-N, R-11-W N.M.P.M.
		12. COUNTY OR PARISH San Juan
		13. STATE NM

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	☐	WATER SHUT-OFF	☐
FRACURE TREAT	☐	FRACURE TREATMENT	☐
SHOOT OR ACIDISE	☐	SHOOTING OR ACIDISING	☐
REPAIR WELL	☐	(Other)	☐
(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.)

This well is being evaluated for recompletion in Fruitland Coal. An extension to December 15, 1987 is requested.

RECEIVED
OCT 21 1987
OIL CON. DIV.
DIST. 3

18. I hereby certify that the foregoing is true and correct		DATE
SIGNED <u>Regan Cook</u>	TITLE <u>Drilling Clerk</u>	10-15-87
(This space for Federal or State office use)		
APPROVED BY	TITLE	DATE
CONDITIONS OF APPROVAL IF ANY:		

*See Instructions on Reverse Side

NMOC