

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

Form approved.
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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. I-149-Ind-8467
2. NAME OF OPERATOR Southland Royalty Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Box 570, Farmington, New Mexico 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 1500' FSL & 975' FEL		8. FARM OR LEASE NAME Jernigan
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6028' GR	9. WELL NO. #3-A
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		10. FIELD AND POOL, OR WILDCAT Blanco Mesa Verde
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 24, T27N, R9W
		12. COUNTY OR PARISH San Juan
		13. STATE New Mexico

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

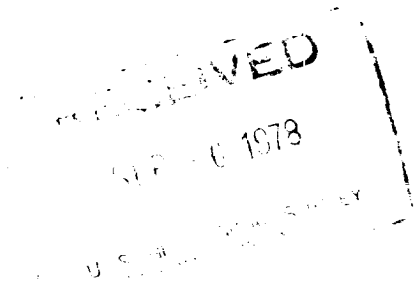
WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input type="checkbox"/> Casing Report	<input checked="" 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.)*

8-28-78 Ran 55 joints of 7", 20#, K-55, 8 rd casing landed @ 2256'. Cemented with 95 sacks of 50/50, Class "B" poz with 6% gel followed by 70 sacks of Class "B" with 2% CaCl₂. Plug down at 2:45 PM, 8-28-78.

9-1-78 Ran 65 joints of 4 1/2", 10.5#, K-55 casing and set from 2089' to 4683'. Cemented with 320 sacks of 50/50, Class "B" poz with 6% gel, 1/4# gel flake per sack and 0.6% Halad 9. Plug down at 8:15 PM, 9-1-78.



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

SIGNED

TITLE: District Production Manager

DATE 9-5-78

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side