

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 proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. NM-02988	
2. NAME OF OPERATOR Southland Royalty Company		6. IF INDIAN, ALIOTTEE 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 990'N, 1180'W		8. FARM OR LEASE NAME Whitley A	
14. PERMIT NO.		9. WELL NO. 1R	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6156'GL		10. FIELD AND POOL, OR WILDCAT Undes. Fruitland	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 17, 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:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETION <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"/>	

(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.) *

02-09-88 MOL&RU. Change out wellhead. NU BOP. Run Baker cast iron BP set ! 1860' w/wireline. PR csg to 2500#, ok. PU, TIH w/1 1/4" IJ tbg to 1856'. Load hole w/110 gal.slick wtr. Spot 16 gals. 7 1/2% HCl from 1860-1800'. TOOH w/tbg. Run JB to 1860'. Logged. Perforated Fruitland coal 1816-1837'w/1 spf, total 22 holes. Spotted 700 gal. 15% HCl acid. Dropped 44 balls, saw little action. Displaced w/800 gal. slick wtr. Ran JB, rec. no balls.

02-10-88 TIH w/1 1/4" IJ tbg. Blow down w/gas. Tag @ 1852', had 8' fill. Blow & CO to PBTD @ 1860'. Blow w/gas @ TD. Prep to spot acid.

02-11-88 Blow on gas & booster while work tbg above & below perfs.

02-12-88 Blow @ PBTD @ 1860'. POOH. LD bit. TIH w/1/4" prod.tbgs. NU WH.

02-13-88 Ran 56 jts. 1 1/4", 2.33#, CW-55 IJ tbg set @ 1836.35'. Released rig.

02-14-88 Blowing w/line gas.

02-15-88 Installed compressor.

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

SIGNED [Signature]

TITLE Drilling Clerk()

DATE 03-23-88

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

ACCEPTED FOR RECORD

MAR 28 1988

FARMINGTON RESOURCE AREA

*See Instructions on Reverse Side

BY KIT