7/ 7/

7/

7/

UNITED STATES DEPARTMENT OF THE INTERIOR

	Budget Bureau No. 42-R14		
	5. LEASE		
	SF-077084		
	6. IF INDIAN, ALLOTTEE OR TRIBE NAME		
S erent	7. UNIT AGREEMENT NAME		
	8. FARM OR LEASE NAME		
	Lackey Hubbell		
	9. WELL NO.		
	2		
	10. FIELD OR WILDCAT NAME		
	Fulcher Kutz Pictured Cliffs		
e 17	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA		
5 17	Section 29, T28N, R10W		
	12. COUNTY OR PARISH 13. STATE		
	San Juan New Mexico		
	14. API NO.		
ICE,			
	15. ELEVATIONS (SHOW DF, KDB, AND WD)		
	**		

DEPARTMENT OF THE INTERIOR	J 5F-U//U84	
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
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 Form 9–331–C for such proposals.)	7. UNIT AGREEMENT NAME 8. FARM OR LEASE NAME	
1. oil gas well other	Lackey Hubbell 9. WELL NO.	
2. NAME OF OPERATOR	2	
Southland Royalty Company	10. FIELD OR WILDCAT NAME	
3. ADDRESS OF OPERATOR	Fulcher Kutz Pictured Cliffs	
P. O. Drawer 570, Farmington, NM 87499	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA	
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)	Section 29, T28N, R10W	
AT SURFACE: 990' FNL & 990' FEL	12. COUNTY OR PARISH 13. STATE	
AT TOP PROD. INTERVAL: AT TOTAL DEPTH:	San Juan New Mexico	
	14. API NO.	
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA		
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)	
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF		
TEST WATER SHUT-OFF	(NOTE: Report results of multiple completion or zone change on Form 9–330.)	
CHANGE ZONES ABANDON* (other) Test Well Below Packer X		
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state including estimated date of starting any proposed work. If well is dimeasured and true vertical depths for all markers and zones pertinen 11/83	-3/8" tubing. Located hole in	
casing at one (1') foot; patched with wel 13/83 Pulled and layed down 2-3/8" tubing and p at 2135'.	oacker. Run and landed 1" tubing	
14/83 Blow well to clean up and shut in for tes	st.	

______ Set @ ______ Ft. Subsurface Safety Valve: Manu. and Type 18. I hereby certify that the foregoing is true and correct TITLE Pet. Engineer DATE July 26, 1983 (This space for Federal or State office use) DATE TO THE TOTAL ____ TITLE ____

*See Instructions on Reverse Side

AUG 0 2 1933

