

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells

| | |
|---|---|
| <p>1. Type of Well GAS</p> | <p>5. Lease Number SF-079634</p> <p>6. If Indian, All. or Tribe Name</p> <p>7. Unit Agreement Name</p> |
| <p>2. Name of Operator SOUTHLAND ROYALTY COMPANY</p> | <p>8. Well Name & Number McClanahan #5Y</p> <p>9. API Well No. 30-045-21348</p> <p>10. Field and Pool Aztec Pictured Cliffs</p> <p>11. County and State San Juan Co, NM</p> |
| <p>3. Address & Phone No. of Operator PO Box 4289, Farmington, NM 87499 (505) 326-9700</p> | |
| <p>4. Location of Well, Footage, Sec., T, R, M 1490' FNL, 1150' FWL, Sec.13, T-28-N, R-10-W, NMPM</p> | |

12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA

| Type of Submission | Type of Action |
|--|--|
| <input checked="" type="checkbox"/> Notice of Intent | <input type="checkbox"/> Abandonment |
| <input type="checkbox"/> Subsequent Report | <input type="checkbox"/> Recompletion |
| <input type="checkbox"/> Final Abandonment | <input type="checkbox"/> Plugging Back |
| | <input type="checkbox"/> Casing Repair |
| | <input type="checkbox"/> Altering Casing |
| | <input checked="" type="checkbox"/> Other - |
| | <input type="checkbox"/> Change of Plans |
| | <input type="checkbox"/> New Construction |
| | <input type="checkbox"/> Non-Routine Fracturing |
| | <input type="checkbox"/> Water Shut off |
| | <input type="checkbox"/> Conversion to Injection |

13. Describe Proposed or Completed Operations

The subject well is being evaluated for casing repair. A procedure will be submitted within 30 days.

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BUREAU

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

Signed [Signature] (LWD2) Title Regulatory Administrator Date 12/1/95

(This space for Federal or State Office use)

APPROVED BY _____ Title _____ Date _____

CONDITION OF APPROVAL, if any:

APPROVED

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NMOCD