

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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.)

1. oil well ☐ gas well ☒ other

2. NAME OF OPERATOR
Southland Royalty Company

3. ADDRESS OF OPERATOR
P.O. Drawer 570, Farmington, New Mexico 87401

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: *1110' FNL & 830' FWL*
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

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

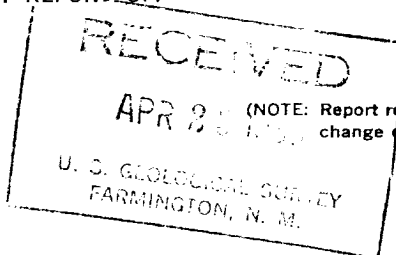
REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐

(other) *Casing Report*

SUBSEQUENT REPORT OF:

☐
☐
☐
☐
☐
☐
☐
☐
☒



5. LEASE

SF-080781

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Cain

9. WELL NO.

9-E

10. FIELD OR WILDCAT NAME

Basin Dakota/Undesignated Fruitland

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Section 16, T28N, R10W

12. COUNTY OR PARISH

San Juan

13. STATE

New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
5749' GR

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.)*

4-21-80 Ran 190 joints (6577') of 5-1/2", 15.5#, K-55, ST&C casing set at 6534'. DV tools set at 2049' and 4566'. Cemented 1st Stage with 210 sacks of Class "B" 50/50 Poz with 6% gel and 1/4# gel flake per sack. Plug down at 4:00 P.M. 4-21-80. Cemented 2nd Stage with 236 sacks of Class "B" 50/50 Poz with 6% gel. Plug down at 6:00 P.M. 4-21-80. Cemented 3rd Stage with 185 sacks of Class "B" 50/50 Poz with 6% gel. Plug down at 8:00 P.M. 4-21-80. Top of Cement at 200'. WOCT...

Subsurface Safety Valve: Manu. and Type

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

SIGNED

TITLE

Dist. Prod. Mgr.

DATE

April 22, 1980

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR REPORT

*See Instructions on Reverse Side

APR 23 1980

FARMINGTON, N. M.
BY *[Signature]*