CONDITION OF APPROVAL, IF ANY:

## UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

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	NAME OF HAND PANAGEMENT	- 2 2 2 1 5 0 0 d
Sundry	Notices and Reports on	Wells
1. Type of Well GAS		5. Lease Number  FARMAE - 079634 - X CO  6FARIF Indian, All.or  Tribe Name
2. Name of Operator Southland Royalty Co	OIL COM. DIV.	7. Unit Agreement Name
3. Address & Phone No. of		<ul><li>8. Well Name &amp; Number</li><li>McClanahan #20E</li><li>9. API Well No.</li></ul>
4. Location of Well, Foot 1840'N, 1660'W Sec.13,	age, Sec, T, R, M. T-28-N, R-10-W, NMPM	10.Field and Pool Armenta Gl/Basin Dakota 11.County and State San Juan County, NM
12.CHECK APPROPRIATE BOX T Type of Submission X Notice of Intent Subsequent Report	Type of Abandonment X_ Recompletion Plugging Back	Action Change of Plans New Construction Non-Routine Fracturing
Final Abandonment	Casing Repair	Water Shut Off Conversion to Injection
13. Describe Proposed or	Completed Operations	
It is intended to comming as approved by the NMOCD	le the Gallup and Dakot per Order DHC-783.	a in the following manner
MOL&RU. NU BOP. PT. TO hole w/2% KCl wtr. PT 300 5770'. Fracture treat we 3000#. Perf upper Gallup BD and fracture treat wel out BP. Land tbg @ ± 6400	<pre>0#. Perf Middle Gallup 11. Set BP @ ±5570'.  at approximately 5446- 1. TIH, CO well. Run</pre>	at approximately 5583- Load hole w/wtr. PT
14 I hereby certify that Signed lifty Make	t the foregoing is true	and corpose 5-13-91
(This space for Federal or	r State office use)	JUN D-6 1901
APPROVED BY	TITLE	DATE