

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 ☐ gas ☒ other ☐
well well

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: 910' FSL & 1650' FEL

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* ☐

SUBSEQUENT REPORT OF:

(other) Perforation & Stimulation X

RECEIVED

APR 9 1980

U. S. GEOLOGICAL SURVEY
FARMINGTON, N. M.

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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.)*

- 3-30-80 Perforated the ^{Lower} Upper Dakota at 6382', 6387', 6392', 6398', 6409', 6421' 6428', 6434'. Total of 8 holes.
- 3-31-80 Frac'd Lower Dakota with 51,470 gallons of 30# cross-linked gel & 31,220# of 20/40 sand. AIR 14 BPM, ATP 2900 psi.
- 4-01-80 Perforated Upper Dakota at 6263', 6268', 6326', 6332', 6338', 6344', 6350'. Total of 7 holes.
- Frac'd Upper Dakota with 57,120 gallons of 30# gel and 46,200# of 20/40 sand. AIR 15.5 BPM, ATP 1300, ISIP 1050.
- Perforated the Mesa Verde at 4190', 4195', 4200', 4212', 4218', 4224', 4232', 4242', 4260', 4264', 4274', 4392', 4399'. Total of 13 holes.
- 4-02-80 Frac'd Mesa Verde with 73,000 gallons of fresh water and 68,000# of 20/40 sand. AIR 29 BPM, ATP 2300 psi, ISIP 750 psi.

Subsurface Safety Valve: Manu. and Type

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

SIGNED

TITLE

DATE

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

NMOCCH

*See Instructions on Reverse Side

ADAPTED FOR RECORD

APR 10 1980

BY

E. J. [Signature]